

SERVICE DELIVERY STATEMENTS

Queensland Health

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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: Susan Gannon

Metro North Hospital and Health Service

Chief Executive Officer: Jackie Hanson

Metro South Hospital and Health Service

Chief Executive Officer: Noelle Cridland

North West Hospital and Health Service

Chief Executive Officer: Sean Birgan

South West Hospital and Health Service

Chief Executive Officer: Anthony Brown

Sunshine Coast Hospital and Health Service

Chief Executive Officer: Peter Gillies

Torres and Cape Hospital and Health Service

Chief Executive Officer: 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

Director and Chief Executive Officer: Fabienne Mackay

Queensland Mental Health Commission

Commissioner: Ivan Frkovic

Office of the Health Ombudsman

Ombudsman: Lynne Coulson Barr OAM

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 issues across the health system, with an initial focus on reducing ambulance ramping and 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. The Health Plan identifies the following seven priorities:

- driving-down ambulance ramping and healthcare waitlists
- empowering local decision-making
- providing more healthcare professionals through retention and attraction
- deliver 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.

Central to implementing the priorities of the Health Plan is the commitment to work 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 get the attrition rate back to historical averages.

The government is committed to transparency within the health system. For the first time, real-time hospital data was launched in February 2025 through the Open Hospitals data portal website and shows real-time hospital emergency department pressure points, performance and waiting times. The government has also reinstated monthly data released through the "Our Performance" website which provides transparency for consumers, and their healthcare practitioner, to make more informed choices about their care.

In 2024-25, Queensland Health delivered a further \$100 million boost to Surgery Connect allowing 10,000 additional elective surgeries, utilising capacity to deliver planned elective surgery within private hospitals to reduce the elective surgery waiting list.

The final report of the independent review of the former government's failed Capacity Expansion Program was released in April 2025. The review set the foundations for the Hospital Rescue Plan which will see the largest investment in hospital infrastructure to date in Queensland, delivering more than 2,600 new beds across Queensland alongside more investment in a growing health workforce.

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

Budget highlights

In the record 2025–26 Queensland Budget, the government is providing:

- additional funding of \$6.539 billion over 4 years to restore the health budget and improve access to health services. The \$6.539 billion will be largely invested in public hospital services to deliver emergency services, stabilise elective surgery wait lists, improve access and flow, and reduce ambulance ramping. This includes:
 - \$2.212 billion over 4 years for the delivery of public hospital services to address the growth in demand and costs for public health services, including emergency services, elective surgery and specialist outpatient services
 - \$1.752 billion over 4 years to stabilise elective surgery waitlists, providing over 30,000 surgeries in 2025-26 and significantly enhancing the Surgery Connect Program
 - \$812.9 million over 4 years ensuring sustainable funding to the Queensland Ambulance Service to provide urgent and emergency care to Queenslanders, including more paramedics
 - \$638.4 million over 4 years to operationalise 186 public hospital beds through a previously committed, but unfunded partnership with Mater Hospital Springfield, including an Emergency Department and an intensive care unit to ensure ongoing capacity in the Western Metropolitan Corridor
 - \$581.4 million over 2 years to stabilise bed capacity to improve patient flow including continued access to 515 beds across the health system, necessitated by the former government's inability to plan or bring new hospital infrastructure online
 - \$55.0 million over 2 years to support tailored solutions to improve patient flow and reduce ambulance ramping in our State's busiest emergency departments
 - \$48.7 million over 4 years to deliver quality maternity care in Queensland's largest public hospitals with the implementation of previously legislated but unfunded midwife to postnatal patient ratios
 - \$192 million over 4 years for staff entitlements that were previously committed but unfunded
 - \$12.7 million over 2 years to improve enforcement capability to action new smoking and vaping regulations
 - \$8.7 million over 3 years to improve patient and staff safety by uplifting the security officer and ambassador workforce across Hospital and Health Services
- additional funding of \$218.6 million over 4 years to deliver health services for Queenslanders when they need them through the implementation of the *Easier Access to Health Services Plan*
- additional funding of \$37.5 million over 5 years from 2024-25 for the Healthy Kindy Kids program which will provide access for children to free vision, hearing and speech development checks in kindergartens and childcare centres
- additional funding of \$10.5 million over 4 years for neurological health services that support Queenslanders experiencing neurological conditions and increasing awareness for early detection.

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	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 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%	86.6%	>98%
• Category 2 (90 days)	>95%	74.7%	>95%
• Category 3 (365 days)	>95%	84.1%	>95%
Median wait time for elective surgery treatment (days) ^{2,3}			
• Category 1 (30 days)	..	18	..
• Category 2 (90 days)	..	69	..
• Category 3 (365 days)	..	259	..
• All categories	..	41	..
Percentage of admitted patients discharged against medical advice ⁴			
• Non-Aboriginal and Torres Strait Islander patients	0.8%	1.3%	0.8%
• Aboriginal and Torres Strait Islander patients	1.0%	3.4%	1.0%
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ⁵	\$5,937	\$6,060	\$6,133
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,6}			
• Category 1 (30 days)	59,849	53,323	60,211
• Category 2 (90 days)	53,043	42,556	52,513
• Category 3 (365 days)	27,626	24,565	26,679
Total weighted activity units (WAU) – Acute Inpatients ⁷	1,593,543	1,608,498	1,684,368

Notes:

1. Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2024 and 31 December 2024.
2. Elective surgery 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
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 per cent and approaching 4 per cent, there has been an improvement. The 2024–25 Estimated Actual is based on admitted patient data for the period 1 July 2024 to 31 March 2025.
5. The 2024–25 Target/Estimate varies from the published 2024–25 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.

6. Elective surgery performed in public hospitals. Treated volume 2024–25 Estimated Actual is a 12-month projection based on the period 1 July 2024 to 30 April 2025.
7. The 2024–25 Target/Estimate varies from the published 2024–25 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. The 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 31 March 2025. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/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	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Effectiveness measures			
Percentage of specialist outpatients waiting within clinically recommended times ¹			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)² Category 3 (365 days)² 	65%	54.1% 41.2% 76.7%	65%
Percentage of specialist outpatients seen within clinically recommended times ³			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)² Category 3 (365 days)² 	83%	77.1% 46.9% 69.0%	83%
Efficiency measure			
Not identified			
Other measures			
Number of Telehealth outpatients service events ⁴	355,607	375,386	388,440
Total weighted activity units (WAU) – Outpatients ⁵	504,281	544,926	570,645

Notes:

1. Waiting within clinically recommended time is a point in time performance measure. 2024–25 Estimated Actual is as at 30 April 2025.
2. Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2024–25 Target/Estimates and 2025–26 Target/Estimates for category 2 and 3 patients are not applicable.
3. Seen in time 2024–25 Estimated Actual is for the period 1 July 2024 to 30 April 2025.
4. The Telehealth 2024–25 Estimated Actual represents a 12-month projection based on data for the period 1 July 2024 to 30 April 2025. The 2025–26 Target/Estimate is set using the first 6 months of 2024–25 actuals and takes into consideration the operational and strategic requirements for each HHS.
5. The 2024–25 Target/Estimate varies from the published *2024–25 Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. The 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 31 March 2025. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/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	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Effectiveness measures			
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	59.1%	>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) 	<p>100%</p> <p>80%</p> <p>75%</p> <p>70%</p> <p>70%</p>	<p>100.0%</p> <p>73.9%</p> <p>69.3%</p> <p>79.1%</p> <p>93.7%</p>	<p>100%</p> <p>80%</p> <p>75%</p> <p>70%</p> <p>70%</p>
Percentage of patients transferred off stretcher within 30 minutes ²	90%	63.3%	90%
Median wait time for treatment in emergency departments (minutes) ^{1,3}	..	14	..
Efficiency measure			
Not identified			
Other measure			
Total weighted activity units (WAU) – Emergency Department ⁴	419,818	388,138	400,637

Notes:

1. Emergency department 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
2. Patient off stretcher 2024–25 Estimated Actual is for the period 1 July 2024 to 30 April 2025.
3. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
4. The 2024–25 Target/Estimate varies from the published *2024–25 Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. The 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 31 March 2025. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur. The Emergency Department 2025–26 Target/Estimate is lower than the 2024–25 Target/Estimate due to a redistribution of WAU between the service streams to better reflect actual distribution.

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	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Effectiveness measure			
Not identified			
Efficiency measure			
Not identified			
Other measure			
Total weighted activity units (WAU) – Sub-acute ¹	194,539	218,568	214,032

Notes:

- The 2024–25 Target/Estimate varies from the published 2024–25 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. The 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 31 March 2025. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/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	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Effectiveness measures			
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ¹			
• Aboriginal and Torres Strait Islander	<12%	10.7%	<12%
• Non-Aboriginal and Torres Strait Islander	<12%	9.1%	<12%
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit ²			
• Aboriginal and Torres Strait Islander	>65%	59.6%	>65%
• Non-Aboriginal and Torres Strait Islander	>65%	62.4%	>65%
Efficiency measure			
Not identified			
Other measures			
Percentage of the population receiving clinical mental health care ³	>2.1%	2.0%	>2.1%
Ambulatory mental health service contact duration (hours) ⁴	>956,988	811,741	>956,988
Queensland suicide rate (number of deaths by suicide/100,000 population) ⁵	..	11.8	..
Total weighted activity units (WAU) – Mental Health ^{6,7}	149,013	229,804	326,460

Notes:

1. Mental Health readmissions 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
2. Previous analysis has shown similar rates of follow up for both Indigenous and non-Indigenous Queenslanders are evident, but trends are impacted by a smaller number of separations for Indigenous Queenslanders. Mental Health rate of community follow up 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
3. Percentage of the population receiving clinical mental health care measure 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
4. Ambulatory Mental Health service contact duration 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 30 April 2025.
5. Queensland suicide rate is the most recently available (2023 calendar year) age standardised rate per 100,000 population data from the Australian Bureau of Statistics (ABS) Website. Please note, data is counted per registration year, so may not be directly comparable to previous submissions which were determined by reference year and presented as a 5-year rolling average. No annual targets for this measure were set as progress is expected over the long-term.
6. The 2024–25 Target/Estimate varies from the published *2024–25 Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. The 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 31 March 2025. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
7. The Mental Health 2024–25 Estimated Actual and 2025–26 Target/Estimate differ from the 2024–25 Target/Estimate due to the planned national transition of Community Mental Health Services into Activity Based Funding in 2025–26. Activity targets for Community Mental Health were incorporated into 2024–25 Targets following publication of the *2024–25 Service Delivery Statements*, to support Queensland's preparations for the planned national transition in 2025–26.

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	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Effectiveness measures			
Percentage of the Queensland population who consume alcohol at risky levels (2020 guidelines) ^{1,2}			
<ul style="list-style-type: none"> Persons Male Female 	35.3%	36.4%	35.3%
	47.4%	48.9%	47.4%
	23.8%	24.5%	23.8%
Percentage of the Queensland population who smoke daily ¹			
<ul style="list-style-type: none"> Persons Male Female 	9.8%	8.9%	8.6%
	11.0%	9.8%	9.5%
	8.6%	8.1%	7.9%
Percentage of the Queensland population who were sunburnt in the last 12 months ¹			
<ul style="list-style-type: none"> Persons Male Female 	46.4%	44.6%	43.3%
	51.4%	48.9%	47.4%
	41.5%	40.5%	39.3%
Annual notification rate of HIV infection ³	<3.0	2.9	<3.0
Vaccination rates at designed milestones for children 1–5 years ⁴			
<ul style="list-style-type: none"> all children 1 year all children 2 years all children 5 years 	95%	91.2%	95%
	95%	89.8%	95%
	95%	92.4%	95%
Percentage of target population screened for			
<ul style="list-style-type: none"> breast cancer⁵ cervical cancer bowel cancer 	52.1%	51.2%	52.1%
	67.6%	62.3%	67.6%
	42.5%	38.8%	42.5%
Percentage of invasive cancers detected through BreastScreen Queensland that are small (<15mm) in diameter ⁶	59.6%	59.0%	59.6%
Ratio of potentially preventable hospitalisations (PPH) – rate of Aboriginal and Torres Strait Islander hospitalisations to rate of non-Aboriginal and Torres Strait Islander hospitalisations ⁷	1.65	1.73	1.65
Percentage of women who, during their pregnancy, were smoking after 20 weeks ^{8,9}			
<ul style="list-style-type: none"> Non-Aboriginal and Torres Strait Islander women Aboriginal and Torres Strait Islander women⁹ 	5.0%	4.3%	5.0%
	28.0%	31.9%	28.0%

Service standards	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Percentage of women who attended at least 5 antenatal visits and gave birth at 32 weeks or more gestation ⁸ <ul style="list-style-type: none"> Non-Aboriginal and Torres Strait Islander women Aboriginal and Torres Strait Islander women¹⁰ 	98.0% 93.0%	97.6% 90.9%	98.0% 93.0%
Percentage of babies born of low birth weight to ⁸ <ul style="list-style-type: none"> Non-Aboriginal and Torres Strait Islander women Aboriginal and Torres Strait Islander women 	4.6% 7.3%	4.7% 10.4%	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%	18.2%	15%
Efficiency measure			
Not identified			
Other measures			
Number of rapid HIV tests performed ¹³	6,000	8,624	6,500
Number of adult oral health Weighted Occasions of Service (ages 16+) ¹⁴	2,736,000	2,910,000	2,736,000
Number of children and adolescent oral health Weighted Occasions of Service (0–15 years) ^{14,15}	1,200,000	902,000	1,200,000
Total weighted activity units (WAU) – Prevention and Primary Care ¹⁶	43,255	48,405	40,739
Discontinued measures			
Percentage of the Queensland population who consume alcohol at risky levels (2009 guidelines) ¹⁷ <ul style="list-style-type: none"> Persons Male Female	.. .. ..	.. .. ..	.. Discontinued measure

Notes:

- 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.
- Risky alcohol consumption is based on the 2020 NHMRC alcohol guidelines. The 2020 guidelines recommend healthy adults consume no more than 10 standard drinks per week and no more than 4 standard drinks on any one day. The most recent results for risky alcohol consumption are from 2022–23.
- The annual notification rate of HIV infection (per 100,000 population) 2024–25 Estimated Actual is based on the data during the period 1 January 2024 to 31 December 2024.
- The Vaccination Rates 2024–25 Estimated Actual is an estimate based on the coverage during the period 1 January 2024 to 31 December 2024.
- The BreastScreen Queensland Strategic Plan 2025–2032 has a participation rate goal of 60%. For breast and bowel cancer screening participation, 2024–25 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 2022–2023 biennial period (the most recent data available) is reported as the estimated actual participation rate for 2024–25 financial year). This approach ensures the most up to date data is published. For cervical screening, estimates are based on five years with 2019–2023 participation estimates use for the 2024–25 financial year.
- There is significant random variation in the size of cancer detected from year to year and therefore a three year average is used to calculate this measure. The 2024–25 Estimated Actual is based on the 3-year average for financial years 2020–21 to 2022–23.
- The 2024–25 Target/Estimate is based on a trajectory to achieve PPH parity with other Queenslanders by 2033. The 2024–25 Estimated Actual is based on admitted patient data for the period 1 July 2024 to 31 March 2025.
- Antenatal services, smoking and low birth weight Estimated Actuals for 2024–25 are based on perinatal data for the period 1 July 2024 to 31 March 2025.
- 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 per cent, representing an average decrease of approximately one percentage point per annum.
- While the 2024–25 Estimated Actual is close to the 2024–25 Target/Estimate, a number of the Hospital and Health Services (HHSs) have reached the target and overtime there has been sustained long term improvement in the proportion of Aboriginal and Torres Strait Islander women attending five or more antenatal appointments since 2002–03 when the rate was 76.7 per cent.

11. General dental care patients waiting within recommended timeframe 2024–25 Estimated Actual is as at 30 April 2025.
12. Oral Health 2024–25 Estimated Actual is based on actual performance from 1 July 2024 to 30 April 2025.
13. The HIV rapid test 2024–25 Estimated Actual is based on the data during the period 1 January 2024 to 31 December 2024.
14. Oral Health 2024–25 Estimated Actual is a 12-month projection based on actual performance from 1 July 2024 to 30 April 2025.
15. The Estimated Actual for children and adolescents for 2024–25 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 2024–25 Target/Estimate varies from the published *2024–25 Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. The 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 31 March 2025. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
17. The 2009 guidelines previously in use are no longer applied. The *2024–25 Service Delivery Statement* indicated that future reporting would be based on the 2020 guidelines.

Health consolidated budget summary

The table below shows the total resources available in 2025–26 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 ¹	2024–25 Adjusted Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CONTROLLED			
Income			
Appropriation revenue ²	17,171,189	18,146,378	19,133,126
Other revenue	9,542,629	9,819,627	10,307,814
Total income	26,713,818	27,966,005	29,440,940
Expenses			
Inpatient Care	12,368,261	12,947,167	13,058,243
Outpatient Care	3,302,066	3,946,649	3,810,304
Emergency Care	2,906,770	2,873,464	3,079,305
Sub and Non-Acute Care	1,460,467	1,632,965	1,648,566
Mental Health and Alcohol and Other Drug Services	2,488,542	2,808,892	3,121,764
Prevention, Primary and Community Care	2,771,732	3,142,469	3,202,819
Ambulance Services	1,413,829	1,411,121	1,519,940
Office for Women ³	2,151	3,277	0
Total expenses	26,713,818	28,766,005	29,440,940
Operating surplus/deficit	..	(800,000)	..
Net assets	18,252,442	19,264,313	21,888,090
ADMINISTERED			
Revenue			
Commonwealth revenue	..	..	..
Appropriation revenue	88,887	92,712	62,995
Other administered revenue	4	4	4
Total revenue	88,891	92,716	62,999
Expenses			
Transfers to government	..	..	..
Administered expenses	88,891	92,716	62,999
Total expenses	88,891	92,716	62,999
Net assets	..	..	..

Note:

1. The 2024–25 Budget and 2024–25 Estimated Actuals information disclosed is presented on a post-machinery-of-government basis.
2. Includes state and Australian Government funding.
3. As part of the machinery-of-government changes effective 1 November 2024, the Office for Women portfolio was transferred to the Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism.

Staffing

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

Queensland Health and Hospital and Health Services	2024–25 Adjusted Budget	2024–25 Est. Actual	2025–26 Budget
Total FTEs	110,837	114,734	119,438

Notes:

1. Corporate FTEs are allocated across the service to which they relate.
2. The 2024–25 Budget and 2024–25 Estimated Actuals information disclosed is presented on a post-machinery-of-government basis.
3. 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 service lines, and therefore cannot be allocated by Service Area.

Capital program

The Queensland Health capital program delivers built infrastructure and digital technologies to enable the delivery of safe, high-quality health services to Queenslanders. In 2025–26, the total capital investment is \$3.667 billion.

The government is committed to ensuring every Queenslander can access health services when they need them. The *Hospital Rescue Plan* is an investment in the future of our health system, delivering more than 2,600 beds across metro, rural and regional Queensland.

Hospital Rescue Plan highlights in 2025-26 include:

- \$2.647 billion new funding across 5 years has been committed by the government for the Timely Investment Infrastructure Maintenance Program in response to the independent review of the Queensland Health capital program and the Queensland Auditor General’s Report – *Health 2024*. \$664.1 million in 2025-26 will support the maintenance, replacement, and refurbishment of Queensland Health’s existing assets
- \$1.783 billion in 2025-26 as part of the \$16.923 billion Hospital Rescue Plan investment in Major Hospital Infrastructure, in response to the independent review of the Queensland Health capital program. This includes works at Bundaberg, Coomera and Toowoomba, the new Queensland Cancer Centre, a new cardiac hybrid theatre in Rockhampton and major hospital expansions at 10 sites across Queensland including Brisbane, Cairns, Hervey Bay, Ipswich, Logan, Mackay, Redcliffe and Townsville
- \$410.8 million over four years, including \$49 million in 2025-26 for the government’s commitment to the Easier Access to Health Services, delivering health services for Queenslanders when they need them. This includes 7-day discharge, transit lounges, more CT and MRI machines, regional GP access to specialist advice and reinstating maternity services
- \$342.3 million in 2025-26 as part of the \$1.368 billion for the Hospital Car Parking Program to provide safe and affordable car parking for patients, their carers, visitors, and hospital staff at new and existing hospitals across the state
- \$179.9 million as part of the total \$451.5 million Building Rural and Remote Health Program across the state for the enhancement of ageing rural and regional health facilities and staff accommodation. Additional funding has been provided to complete the previously unfunded projects committed under the former government at various locations including Tara, Millmerran, Pormpuraaw, Collinsville, Longreach and Winton
- \$124.7 million for the Better Care Together plan, to expand mental health facilities and treatment spaces for individuals most severely impacted by mental illness and / or problematic alcohol and other drug use. It also includes a range of initiatives to support suicide prevention
- \$108.1 million will be invested in Information Communication Technology and Digital Enhancements to support safe and efficient frontline services to enable the successful delivery of health care and business services across Queensland
- \$24 million as part of a total \$304.4 million to finalise delivery of the Accelerated Infrastructure Delivery Program including the Ripley Satellite Health Centre Sub-Acute Expansion, associated car park, and the Gold Coast University Hospital Sub-Acute Expansion. Additional funding has been provided to complete the previously unfunded projects committed under the former government
- \$23.1 million to complete Caboolture Hospital Redevelopment (Stage 1) and the Logan Hospital Expansion (Stage 1) and Maternity Services Upgrade, providing additional beds and service capacity for the growing community, and \$11.3 million for the paediatric outpatient building at Caboolture Hospital.

- \$13.8 million as part of a total of \$33.9 million for the Moura Multipurpose Healthcare Service as part of the Hospital Rescue Plan. The government has provided additional funding for the delivery of the additional seven residential aged care beds, increasing capacity to 8 beds.
- \$6 million in for new and upgraded staff accommodation at multiple locations across the state.

QAS is investing \$116.3 million in enabling critical infrastructure to support essential frontline services to provide timely, quality, and appropriate patient focused pre-hospital emergency and non-emergency care and services to the community. The government has committed an additional \$250 million across 4 years providing a significant uplift to the QAS base capital program, empowering the ambulance service to appropriately commission essential infrastructure and equipment. This is the first multi-year uplift to base capital funding since 2008-09, empowering clinicians to appropriately commission critical Queensland Ambulance Service infrastructure, including Ambulance Stations and Triple Zero (000) Operations Centres, fleet, equipment and information, communication and technology systems.

Highlights of the capital program include:

- \$45 million to commission 170 new and replacement ambulance vehicles including \$1.5 million for the fit out of emergency response vehicles
- \$23.7 million to deliver new ambulance stations and relief accommodation in regional and remote locations, acquire strategically located land and undertake minor works to manage existing assets
- \$16.8 million in operational equipment to support frontline services, including \$10 million for the statewide replacement of defibrillators
- \$7.4 million as part of a total \$38.6 million to progress the planning, design, and construction phases for Beenleigh Central and Southport East ambulance stations and relocation of Springwood ambulance station
- \$6 million as part of a total \$7.6 million to complete the Clinical Hub upgrade at the Emergency Services Complex, Kedron
- \$2.1 million as part of a total \$34.5 million for design, planning and construction phases for the replacement of the Cairns Operations Centre, and planning for Pimpama Ambulance Replacement Station.

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

	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
Total capital investment	2,166,612	2,752,902	3,666,960

Notes:

1. Total capital investment in 2024–25 Budget includes \$20.968 million for the Council of the Queensland Institute of Medical Research (QIMR).
2. Total estimated actual expenditure in 2024–25 includes \$11.487 million for the QIMR.
3. The 2024-25 Est. Actual includes \$959.9 million provided to complete the previously unfunded projects committed under the former government
4. Total capital investment in 2025–26 Budget includes \$8.691 million for the QIMR.

Further information about Queensland Health's 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

2025–26 total expenses are estimated to be \$29.441 billion an increase of \$2.727 billion or 10.2 per cent from the 2024–25 budget.

Departmental balance sheet

In 2025–26 Queensland Health's major assets are in property, plant and equipment (\$22.342 billion), whilst its main liabilities relate to employee benefits (\$1.773 billion) and payables of an operating nature (\$1.212 billion).

Controlled income statement

Queensland Health*	2024–25 Adjusted Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
INCOME			
Appropriation revenue	17,171,189	18,146,378	19,133,126
Taxes	..	..	..
User charges and fees	15,037,729	15,911,198	16,554,962
Royalties and land rents	..	..	..
Grants and other contributions	7,279,923	7,310,889	7,779,965
Interest and distributions from managed funds	360	2,375	2,382
Other revenue	24,201	32,323	24,379
Gains on sale/revaluation of assets	909	1,295	913
Total income	39,514,311	41,404,458	43,495,727
EXPENSES			
Employee expenses	15,270,726	16,117,883	16,796,326
Supplies and services	23,872,005	25,444,502	26,361,706
Grants and subsidies	135,865	84,155	86,875
Depreciation and amortisation	177,215	208,145	193,309
Finance/borrowing costs	2,874	3,218	3,333
Other expenses	51,906	48,190	49,852
Losses on sale/revaluation of assets	3,720	8,718	4,326
Total expenses	39,514,311	41,914,811	43,495,727
OPERATING SURPLUS/(DEFICIT)	..	(510,353)	..

*The 2024–25 Budget and 2024–25 Estimated Actuals information disclosed is presented on a post-machinery-of-government basis.

Controlled balance sheet

Queensland Health*	2024–25 Adjusted Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CURRENT ASSETS			
Cash assets	375,002	681,516	702,275
Receivables	1,926,912	1,956,732	2,049,316
Other financial assets	..	..	..
Inventories	190,588	217,296	223,815
Other	84,606	129,559	131,280
Non-financial assets held for sale	..	..	..
Total current assets	2,577,108	2,985,103	3,106,686
NON-CURRENT ASSETS			
Receivables	73,455	100,013	92,461
Other financial assets	69,425	72,307	72,307
Property, plant and equipment	3,228,994	3,296,778	5,710,606
Intangibles	270,584	250,852	228,605
Other	..	..	..
Total non-current assets	3,642,458	3,719,950	6,103,979
TOTAL ASSETS	6,219,566	6,705,053	9,210,665
CURRENT LIABILITIES			
Payables	540,831	738,504	752,475
Accrued employee benefits	1,548,578	1,603,519	1,694,164
Interest bearing liabilities and derivatives	1,967	4,591	4,552
Provisions	..	..	..
Other	1,914	2,631	2,877
Total current liabilities	2,093,290	2,349,245	2,454,068
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	56,703	55,599	53,244
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	56,703	55,599	53,244
TOTAL LIABILITIES	2,149,993	2,404,844	2,507,312
NET ASSETS/(LIABILITIES)	4,069,573	4,300,209	6,703,353
EQUITY			
TOTAL EQUITY	4,069,573	4,300,209	6,703,353

*The 2024–25 Budget and 2024–25 Estimated Actuals information disclosed is presented on a post-machinery-of-government basis.

Controlled cash flow statement

Queensland Health*	2024–25 Adjusted Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
Appropriation receipts	17,170,960	18,375,029	19,133,126
User charges and fees	14,980,858	15,914,829	16,497,595
Royalties and land rent receipts	..	..	..
Grants and other contributions	7,167,352	7,186,081	7,650,363
Interest and distribution from managed funds received	360	2,375	2,382
Taxes	..	..	..
Other	409,134	388,476	358,142
Outflows:			
Employee costs	(15,185,849)	(16,047,677)	(16,725,361)
Supplies and services	(24,146,394)	(25,607,001)	(26,567,857)
Grants and subsidies	(135,865)	(84,155)	(86,875)
Borrowing costs	(2,874)	(3,218)	(3,333)
Other	(57,807)	(79,623)	(58,505)
Net cash provided by or used in operating activities	199,875	45,116	199,677
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	1,659	1,865	1,663
Investments redeemed	..	..	..
Loans and advances redeemed	4,413	4,468	4,309
Outflows:			
Payments for non-financial assets	(2,132,051)	(2,682,988)	(3,645,763)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(2,125,979)	(2,676,655)	(3,639,791)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	3,089,146	4,231,298	4,857,356
Appropriated equity injections	1,966,770	2,970,653	3,547,545
Non-appropriated equity injections	1,122,376	1,260,645	1,309,811
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(1,821)	(2,014)	(2,394)
Equity withdrawals	(1,142,970)	(1,343,515)	(1,394,089)
Appropriated equity withdrawals	(1,094,929)	(1,290,184)	(1,343,774)
Non-appropriated equity withdrawals	(48,041)	(53,331)	(50,315)
Net cash provided by or used in financing activities	1,944,355	2,885,769	3,460,873
Net increase/(decrease) in cash held	18,251	254,230	20,759
Cash at the beginning of financial year	360,075	428,932	681,516
Cash transfers from restructure	(3,324)	(1,646)	..
Cash at the end of financial year	375,002	681,516	702,275

*The 2024–25 Budget and 2024–25 Estimated Actuals information disclosed is presented on a post-machinery-of-government basis.

Administered income statement

Queensland Health*	2024–25 Adjusted Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
INCOME			
Appropriation revenue	88,887	92,712	62,995
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	88,891	92,716	62,999
EXPENSES			
Employee expenses	..	..	..
Supplies and services	..	..	..
Grants and subsidies	88,891	92,716	62,999
Depreciation and amortisation	..	..	..
Finance/borrowing costs	..	..	..
Other expenses	..	..	..
Losses on sale/revaluation of assets	..	..	..
Transfers of Administered Revenue to Government	..	..	..
Total expenses	88,891	92,716	62,999
OPERATING SURPLUS/(DEFICIT)	..	..	..

*The 2024–25 Budget and 2024–25 Estimated Actuals information disclosed is presented on a post-machinery-of-government basis.

Administered balance sheet

Queensland Health*	2024–25 Adjusted Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CURRENT ASSETS			
Cash assets	12	153	153
Receivables	..	..	..
Other financial assets	..	..	..
Inventories	..	..	..
Other	..	..	..
Non-financial assets held for sale	..	..	..
Total current assets	12	153	153
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	..	..	..
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	..	..	..
TOTAL ASSETS	12	153	153
CURRENT LIABILITIES			
Payables	..	..	..
Transfers to Government payable	12	153	153
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total current liabilities	12	153	153
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	12	153	153
NET ASSETS/(LIABILITIES)	..	..	..
EQUITY			
TOTAL EQUITY	..	..	..

*The 2024–25 Budget and 2024–25 Estimated Actuals information disclosed is presented on a post-machinery-of-government basis.

Administered cash flow statement

Queensland Health*	2024–25 Adjusted Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
Appropriation receipts	88,887	92,712	62,995
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	(88,891)	(92,716)	(62,999)
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	12	153	153
Cash transfers from restructure	..	..	..
Cash at the end of financial year	12	153	153

*The 2024–25 Budget and 2024–25 Estimated Actuals information disclosed is presented on a post-machinery-of-government basis.

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*	2024–25 Adjusted Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
INCOME			
Appropriation revenue	17,171,189	18,146,378	19,133,126
Taxes	..	..	..
User charges and fees	1,862,726	2,062,282	2,093,548
Royalties and land rents	..	..	..
Grants and other contributions	7,563,044	7,618,557	8,086,484
Interest and distributions from managed funds	5,427	8,983	8,948
Other revenue	109,446	127,439	116,959
Gains on sale/revaluation of assets	1,986	2,366	1,875
Total income	26,713,818	27,966,005	29,440,940
EXPENSES			
Employee expenses	17,609,282	18,374,681	19,701,869
Supplies and services	7,247,241	8,429,214	7,730,211
Grants and subsidies	153,865	100,897	109,686
Depreciation and amortisation	1,299,591	1,468,790	1,503,120
Finance/borrowing costs	51,793	50,385	48,659
Other expenses	323,708	304,606	315,367
Losses on sale/revaluation of assets	28,338	37,432	32,028
Total expenses	26,713,818	28,766,005	29,440,940
Income tax expense/revenue	..	..	..
OPERATING SURPLUS/(DEFICIT)	..	(800,000)	..

*The 2024–25 Budget and 2024–25 Estimated Actuals information disclosed is presented on a post-machinery-of-government basis.

Reporting entity balance sheet

Queensland Health and Hospital and Health Services*	2024–25 Adjusted Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CURRENT ASSETS			
Cash assets	1,295,323	1,481,156	1,559,949
Receivables	916,843	1,073,832	1,102,128
Other financial assets	..	..	..
Inventories	325,184	357,526	365,032
Other	144,506	135,007	137,972
Non-financial assets held for sale	..	..	..
Total current assets	2,681,856	3,047,521	3,165,081
NON-CURRENT ASSETS			
Receivables	73,455	99,799	92,247
Other financial assets	69,425	72,307	72,307
Property, plant and equipment	18,665,961	19,742,999	22,341,530
Deferred tax assets	..	..	..
Intangibles	283,183	262,696	238,210
Other	743	293	260
Total non-current assets	19,092,767	20,178,094	22,744,554
TOTAL ASSETS	21,774,623	23,225,615	25,909,635
CURRENT LIABILITIES			
Payables	761,731	1,191,660	1,211,598
Current tax liabilities	..	..	..
Accrued employee benefits	1,662,375	1,672,373	1,773,140
Interest bearing liabilities and derivatives	67,162	66,167	66,419
Provisions	152	152	152
Other	27,878	20,645	21,146
Total current liabilities	2,519,298	2,950,997	3,072,455
NON-CURRENT LIABILITIES			
Payables	540	267	267
Deferred tax liabilities	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	889,367	900,799	843,322
Provisions	..	..	..
Other	112,976	109,239	105,501
Total non-current liabilities	1,002,883	1,010,305	949,090
TOTAL LIABILITIES	3,522,181	3,961,302	4,021,545
NET ASSETS/(LIABILITIES)	18,252,442	19,264,313	21,888,090
EQUITY			
TOTAL EQUITY	18,252,442	19,264,313	21,888,090

*The 2024–25 Budget and 2024–25 Estimated Actuals information disclosed is presented on a post-machinery-of-government basis.

Reporting entity cash flow statement

Queensland Health and Hospital and Health Services*	2024–25 Adjusted Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
Appropriation receipts	17,170,960	18,375,029	19,133,126
User charges and fees	1,857,936	2,082,036	2,094,022
Royalties and land rent receipts	..	..	..
Grants and other contributions	7,450,201	7,491,465	7,956,258
Interest and distribution from managed funds received	5,427	8,983	8,948
Taxes	..	..	..
Other	744,086	707,911	697,510
Outflows:			
Employee costs	(17,514,941)	(18,292,088)	(19,620,782)
Supplies and services	(7,802,337)	(8,737,099)	(8,185,397)
Grants and subsidies	(153,855)	(101,884)	(109,763)
Borrowing costs	(51,555)	(50,147)	(48,471)
Taxation equivalents paid	..	..	..
Other	(340,786)	(325,548)	(340,386)
Net cash provided by or used in operating activities	1,365,136	1,158,658	1,585,065
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	2,786	1,987	1,761
Investments redeemed	..	..	..
Loans and advances redeemed	4,413	4,468	4,309
Outflows:			
Payments for non-financial assets	(2,143,798)	(2,715,397)	(3,658,272)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(2,136,599)	(2,708,942)	(3,652,202)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	1,966,770	2,970,653	3,547,545
Appropriated equity injections	1,966,770	2,970,653	3,547,545
Non-appropriated equity injections	..	..	..
Outflows:			
Borrowing redemptions	(12,611)	(12,611)	(13,668)
Finance lease payments	(34,080)	(47,057)	(44,173)
Equity withdrawals	(1,094,929)	(1,290,184)	(1,343,774)
Appropriated equity withdrawals	(1,094,929)	(1,290,184)	(1,343,774)
Non-appropriated equity withdrawals	..	..	..
Dividends paid	..	..	..
Net cash provided by or used in financing activities	825,150	1,620,801	2,145,930
Net increase/(decrease) in cash held	53,687	70,517	78,793
Cash at the beginning of financial year	1,244,960	1,412,285	1,481,156
Cash transfers from restructure	(3,324)	(1,646)	..
Cash at the end of financial year	1,295,323	1,481,156	1,559,949

*The 2024–25 Budget and 2024–25 Estimated Actuals information disclosed is presented on a post-machinery-of-government basis.

Department of Health

Overview

The vision of the Department of Health (the department) is to be a dynamic and responsive 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 the employment of over 100,000 Queensland Health staff.

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

As part of the machinery-of-government changes effective 1 November 2024, the Office for Women portfolio was transferred to the Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism.

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

- delivering a world-class health system for all Queenslanders, no matter where they live
- fostering an environment of empowerment across the portfolio so that frontline staff feel encouraged to advance local health solutions to local health problems
- de-centralising 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 viability of the health system now, and into the future.

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 capital infrastructure to meet consumer expectations within an ever-changing environment.

The department is leading implementation of the Health Plan working closely with clinicians across HHSs, Queensland Ambulance Service, clinicians, Primary Health Networks in addition to consumers, and other stakeholders.

Key deliverables

In 2025–26, the department will:

- work toward delivering a total of 46,000 additional health workers by 2032, including 34,200 extra clinicians by 2032, by continuing the current pipeline and striving to get the attrition rate back to historical averages
- deliver a health workforce plan to identify 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 implementing the *Hospital Rescue Plan* which includes three new hospitals, the new Queensland Cancer Centre, 10 major hospital expansions, and new, expanded and upgraded health facilities across the State

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

- establish 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 Australian Government counterparts and other states and territories to ensure Queensland receives its fair share of Australian Government health funding through the National Health Reform Agreement
- work with ministers across Queensland Government agencies, 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
- uplift access to specialist medical advice for regional and rural Queenslanders by expanding innovative models of care, reducing referral to specialist wait lists
- continue to improve transparency of performance reporting across the public health system.

Performance statement

Queensland Health Corporate and Clinical Support

Objective

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

Description

The responsibilities of this service area are to:

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

Service standards	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Effectiveness measures			
Percentage of Wide Area Network (WAN) availability across the state ¹			
<ul style="list-style-type: none"> • Metro • Regional • Remote 	99.8%	99.71%	99.8%
	95.7%	99.74%	95.7%
	92.0%	98.31%	92.0%
Percentage of high level ICT incidents resolved within specified timeframes ²			
<ul style="list-style-type: none"> • Priority 1 • Priority 2 	80%	..	80%
	80%	30%	80%
Efficiency measures			
Percentage of capital infrastructure projects delivered on budget and within time and scope within a 5% unfavourable tolerance ³	95%	84%	95%
Percentage of correct, on time pays ⁴	98%	99.78%	98%
Other measures			
Percentage of initiatives with a status reported as "action required" (Red) ^{5,6}	<15%	2.8%	<15%
Percentage of formal reviews undertaken on Hospital and Health Service responses to significant negative variance in Variable Life Adjusted Displays (VLAD) and other National Safety and Quality indicators ⁷	100%	100%	100%

Notes:

1. The Wide Area Network (WAN) 2024–25 Estimated Actual represents average monthly availability across the period from 1 April 2024 to 11 April 2025. This result does not yet reflect the improvements as a result of the satellite backup program.
2. The high-level ICT incidents resolved in 2024–25 Estimated Actual result is calculated across the period 1 July 2024 to 2 May 2025. In this period no priority 1 ICT incidents were reported. Compared to the previous year result there has been a significant reduction by 51 per cent of ICT incidents reported from 243 to 118 major incidents. This result reflects increased stability across Queensland Health statewide critical ICT services. In this period the top three high level ICT incidents relate to network, telephony and AUSLAB disruptions. This result is mostly attributed to the ICT major incidents in: 1) regional, rural and remote facilities pending external third-party vendor and telecommunications provider support resolution. These facilities often present inherent difficulties in 3rd parties and Telecommunication Carriers ability to attend sites and restore services within specified timeframes; and 2) AUSLAB (laboratory information system) that have all related to vendor infrastructure issues, and system management practices. To support consistent, high value and safe clinical care, connectivity needs to be highly reliable and resilient. To achieve this and alignment to the Queensland Digital Clinical Charter and the Digital Strategy for Rural and Remote Healthcare, Queensland Health has multiple improvement initiatives underway, including the satellite backup program.

3. The percentage of capital infrastructure projects delivered on budget and within time 2024–25 Estimated Actual is based on data as at 30 April 2025. Projects scheduled to be delivered have been impacted by adverse weather events and latent conditions delaying delivery.
4. Payroll Transactional Services reports the SDS Measure by pay period. The current actual percentage is based on pay period 01_2425 (03 July 2024) to current pay period 23_2425 (07 May 2025).
5. The service standard is derived from the Queensland Health ICT initiatives reported on the Queensland Government Digital Projects Dashboard and reflects the percentage of Queensland Health ICT initiatives that are reporting "action required" (or Red) in a specific reporting period. An Estimated Actual percentage lower than the Target/Estimate is desirable and is a proxy indicator of sound portfolio performance.
6. The 2024–25 Estimated Actual percentage is based on the November 2024 Queensland Government Digital Projects Dashboard update.
7. Formal reviews by statewide clinical experts are undertaken on HHS responses to significant negative variance in VLADs and other National Safety and Quality indicators to independently assess the adequacy of the response and action plans and to escalate areas to address if required.

Staffing

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

Service area	2024–25 Adjusted Budget	2024–25 Est. Actual	2025–26 Budget
Department of Health	9,552	9,970	10,282
Queensland Ambulance Service	5,928	5,951	6,178
Total FTEs	15,480	15,921	16,460

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 service lines, and therefore cannot be allocated by Service Area.

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

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

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 2025–26, the QAS will:

- recruit an additional 227 ambulance personnel to provide the Queensland community with increased frontline ambulance services and greater access to emergency healthcare
- commission 170 new and replacement ambulance vehicles, including \$1.5 million for the fit out of emergency response vehicles
- continue real-time clinical safety and oversight of patients through the Clinical Hub upgrade at the Emergency Services Complex, Kedron
- progress the planning, design, and construction phases for new ambulance stations at Beenleigh Central and Southport East
- commence operations of the South East Operations Centre located at Coomera
- complete construction of the relocated Springwood Ambulance Station.

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	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Effectiveness measures			
Time within which code 1 incidents are attended – 50th percentile response time (minutes) ¹			
• Code 1A	8.2	8.7	8.2
• Code 1B	8.2	11.4	8.2
• Code 1C	8.2	13.6	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	22.8	16.5
• Code 1C	16.5	26.5	16.5
Percentage of Triple Zero (000) calls answered within 10 seconds ¹	90%	90.46%	90%
Percentage of non-urgent incidents attended to by the appointment time ¹	70%	76.4%	70%
Percentage of patients who report a clinically meaningful pain reduction ¹	85%	77.3%	85%
Patient experience ²	97%	98%	97%
Efficiency measures			
Gross cost per incident ³	\$1,049	\$1,068	\$1,101
Percentage of calls to 13 HEALTH answered within 20 seconds ⁴	80%	77.35%	80%

Notes:

1. The 2024–25 Estimated Actuals for Queensland Ambulance Service service standards are for the period 1 July 2024 to 11 June 2025.
2. The 2024–25 Estimated Actual figure for the patient experience percentage is reported from the 2023–24 performance in the Council of Ambulance Authorities (CAA) Report released in September 2024.
3. The variance between the 2024–25 Estimated Actual and the 2024–25 Target/Estimate reflects revised projected incident numbers for 2024–25. The increase in the target gross cost per incident from the 2024–25 to 2025–26 reporting is due to Enterprise Bargaining and cost escalations applied.
4. The 2024–25 Estimated Actual is based on the period 1 July 2024 to 30 April 2025.

Controlled income statement

Queensland Ambulance Service*	2024–25 Adjusted Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
INCOME			
Appropriation revenue	1,330,486	1,330,048	1,439,848
Taxes	..	..	..
User charges and fees	48,609	42,979	45,111
Royalties and land rents	..	..	..
Grants and other contributions	33,024	35,481	33,250
Interest and distributions from managed funds	..	..	..
Other revenue	801	1,322	822
Gains on sale/revaluation of assets	909	1,291	909
Total income	1,413,829	1,411,121	1,519,940
EXPENSES			
Employee expenses	1,125,098	1,118,511	1,189,957
Supplies and services	230,075	225,570	267,801
Grants and subsidies	..	475	475
Depreciation and amortisation	45,316	52,870	47,177
Finance/borrowing costs	..	51	71
Other expenses	9,620	9,845	10,133
Losses on sale/revaluation of assets	3,720	3,799	4,326
Total expenses	1,413,829	1,411,121	1,519,940
OPERATING SURPLUS/(DEFICIT)	..	..	..

*The 2024–25 Budget and 2024–25 Estimated Actuals information disclosed is presented on a post-machinery-of-government basis.

Controlled balance sheet

Queensland Ambulance Service*	2024–25 Adjusted Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CURRENT ASSETS			
Cash assets	82,210	85,250	99,523
Receivables	38,271	42,572	43,308
Other financial assets	..	..	..
Inventories	..	..	..
Other	5,566	3,469	3,469
Non-financial assets held for sale	..	..	..
Total current assets	126,047	131,291	146,300
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	762,360	824,246	883,671
Intangibles	10,681	1,452	6,469
Other	..	..	..
Total non-current assets	773,041	825,698	890,140
TOTAL ASSETS	899,088	956,989	1,036,440
CURRENT LIABILITIES			
Payables	21,307	50,256	50,256
Accrued employee benefits	69,436	53,251	57,556
Interest bearing liabilities and derivatives	..	400	437
Provisions	..	..	..
Other	910	1,041	1,041
Total current liabilities	91,653	104,948	109,290
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	1,123	686
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	1,123	686
TOTAL LIABILITIES	91,653	106,071	109,976
NET ASSETS/(LIABILITIES)	807,435	850,918	926,464
EQUITY			
TOTAL EQUITY	807,435	850,918	926,464

*The 2024–25 Budget and 2024–25 Estimated Actuals information disclosed is presented on a post-machinery-of-government basis.

Controlled cash flow statement

Queensland Ambulance Service*	2024–25 Adjusted Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
Appropriation receipts	1,330,486	1,327,648	1,439,848
User charges and fees	44,889	39,180	40,785
Royalties and land rent receipts	..	..	..
Grants and other contributions	25,453	27,862	25,525
Interest and distribution from managed funds received	..	..	..
Taxes	..	..	..
Other	801	1,322	822
Outflows:			
Employee costs	(1,122,540)	(1,116,680)	(1,186,388)
Supplies and services	(230,075)	(225,570)	(267,801)
Grants and subsidies	..	(475)	(475)
Borrowing costs	..	(51)	(71)
Other	(2,049)	(2,226)	(2,408)
Net cash provided by or used in operating activities	46,965	51,010	49,837
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	1,659	2,041	1,659
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(99,548)	(130,417)	(116,324)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(97,889)	(128,376)	(114,665)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	52,667	115,866	128,250
Appropriated equity injections	52,667	115,866	128,250
Non-appropriated equity injections	..	..	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	(188)	(400)
Equity withdrawals	(1,572)	(54,442)	(48,749)
Appropriated equity withdrawals	(1,572)	(54,442)	(48,749)
Non-appropriated equity withdrawals	..	..	..
Net cash provided by or used in financing activities	51,095	61,236	79,101
Net increase/(decrease) in cash held	171	(16,130)	14,273
Cash at the beginning of financial year	82,039	101,380	85,250
Cash transfers from restructure	..	..	..
Cash at the end of financial year	82,210	85,250	99,523

*The 2024–25 Budget and 2024–25 Estimated Actuals information disclosed is presented on a post-machinery-of-government basis.

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 the 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* 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 2025–26, Cairns and Hinterland HHS will:

- provide connected and innovative services to achieve sustainable solutions to deliver safe, quality and cost-effective healthcare. This includes models that provide care closer to home (including hospital in the home and rapid access clinics and services) as well as more connected care (including co-locating specialist with primary care mental health services) and ensuring people can access health services when they need them
- progress the government's investment in health infrastructure in the region through the *Hospital Rescue Plan* which includes delivering the Cairns Hospital Expansion Project: refurbishment activities that will provide additional 64 overnight beds by 2027, developing a new plan and design for the surgical centre, a new safe location for the helipad and multi-storey car park
- ensure the Cairns and Hinterland HHS *First Peoples Health Equity Strategy* is updated and 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 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

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	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 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%	79%	80%
	75%	74%	75%
	70%	76%	70%
	70%	89%	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%	92%	>98%
	>95%	66%	>95%
	>95%	70%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ³	≤1.0	0.6	≤1.0
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit ⁴	>65%	64.3%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁵	<12%	13.8%	<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 	83%	37%	83%
	..	25%	..
	..	66%	..
Percentage of specialist outpatients seen within clinically recommended times ⁸			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁷ Category 3 (365 days)⁷ 	77%	73%	77%
	..	49%	..
	..	59%	..
Median wait time for treatment in emergency departments (minutes) ^{1,9}	..	16	..
Median wait time for elective surgery treatment (days) ^{2,10}	..	30	..
Efficiency measure			

Service standards	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,845	\$5,940	\$5,982
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days) Category 3 (365 days) 	3,812 2,003 949	3,590 1,702 811	3,784 2,164 914
Number of Telehealth outpatients service events ¹³	11,640	10,700	12,222
Total weighted activity units (WAU) ^{14,15}			
<ul style="list-style-type: none"> Acute Inpatients Outpatients Sub-acute Emergency Department Mental Health Prevention and Primary Care 	104,895 29,089 14,155 26,807 6,725 2,931	106,675 31,847 14,423 26,952 15,114 3,094	108,781 31,859 14,654 27,292 23,340 2,931
Ambulatory mental health service contact duration (hours) ¹⁶	>72,247	53,081	>72,247

Notes:

- Emergency department 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Elective surgery 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2024 and 31 December 2024.
- Mental Health rate of community follow up 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Mental Health readmissions 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Waiting within clinically recommended time is a point in time performance measure. 2024–25 Estimated Actual is as at 30 April 2025.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2024–25 Target/Estimates and 2025–26 Target/Estimates for category 2 and 3 patients are not applicable.
- Seen in time 2024–25 Estimated Actual is for the period 1 July 2024 to 30 April 2025.
- 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 2024–25 Target/Estimate varies from the published 2024–25 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Elective surgery performed in public hospitals. Treated volume 2024–25 Estimated Actual is a 12-month projection based on the period 1 July 2024 to 30 April 2025.
- The Telehealth 2024–25 Estimated Actual represents a 12-month projection based on data for the period 1 July 2024 to 30 April 2025. The 2025–26 Target/Estimate is set using the first 6 months of 2024–25 actuals and takes into consideration the operational and strategic requirements for each HHS.
- The 2024–25 Target/Estimate varies from the published 2024–25 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. The 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 31 March 2025. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
- The Mental Health 2024–25 Estimated Actual and 2025–26 Target/Estimate differ from the 2024–25 Target/Estimate due to the planned national transition of Community Mental Health Services into Activity Based Funding in 2025–26. Activity targets for Community Mental Health were incorporated into 2024–25 Targets following publication of the 2024–25 Service Delivery Statements, to support Queensland's preparations for the planned national transition in 2025–26.
- Ambulatory Mental Health service contact duration 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 30 April 2025.

Staffing

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

Service area	2024–25 Budget	2024–25 Est. Actual	2025–26 Budget
Total FTEs	5,920	6,075	6,100

Income statement

Cairns and Hinterland Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
INCOME			
User charges and fees	1,412,072	1,459,317	1,537,834
Grants and other contributions	16,622	16,621	16,871
Interest and distributions from managed funds	21	117	121
Other revenue	7,578	7,482	7,592
Gains on sale/revaluation of assets	..	..	..
Total income	1,436,293	1,483,537	1,562,418
EXPENSES			
Employee expenses	145,221	172,789	178,507
Supplies and Services:			
Other supplies and services	435,065	359,619	382,457
Department of Health contract staff	742,786	864,438	881,607
Grants and subsidies	..	..	..
Depreciation and amortisation	85,113	91,409	97,372
Finance/borrowing costs	494	718	675
Other expenses	25,769	18,453	19,626
Losses on sale/revaluation of assets	1,845	2,111	2,174
Total expenses	1,436,293	1,509,537	1,562,418
OPERATING SURPLUS/(DEFICIT)	..	(26,000)	..

Balance sheet

Cairns and Hinterland Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CURRENT ASSETS			
Cash assets	32,694	6,915	7,931
Receivables	37,988	40,602	41,305
Other financial assets	..	..	..
Inventories	4,485	3,259	3,166
Other	3,674	2,505	2,539
Non-financial assets held for sale	..	..	..
Total current assets	78,841	53,281	54,941
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	1,237,871	1,305,521	1,374,782
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	1,237,871	1,305,521	1,374,782
TOTAL ASSETS	1,316,712	1,358,802	1,429,723
CURRENT LIABILITIES			
Payables	103,090	114,064	115,196
Accrued employee benefits	19,806	2,737	2,786
Interest bearing liabilities and derivatives	398	948	1,008
Provisions	..	..	..
Other	905	865	869
Total current liabilities	124,199	118,614	119,859
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	13,624	2,948	1,569
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	13,624	2,948	1,569
TOTAL LIABILITIES	137,823	121,562	121,428
NET ASSETS/(LIABILITIES)	1,178,889	1,237,240	1,308,295
EQUITY			
TOTAL EQUITY	1,178,889	1,237,240	1,308,295

Cash flow statement

Cairns and Hinterland Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	1,409,398	1,456,996	1,535,398
Grants and other contributions	16,622	16,621	16,871
Interest and distribution from managed funds received	21	117	121
Other	23,601	23,505	23,689
Outflows:			
Employee costs	(145,172)	(172,740)	(178,458)
Supplies and services	(1,192,586)	(1,228,952)	(1,279,154)
Grants and subsidies	..	..	..
Borrowing costs	..	(224)	(231)
Other	(25,769)	(28,634)	(19,626)
Net cash provided by or used in operating activities	86,115	66,689	98,610
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	(278)	(286)
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	..	(278)	(286)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	1,766	1,766	1,827
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(1,706)	(1,706)	(1,763)
Equity withdrawals	(85,113)	(91,409)	(97,372)
Net cash provided by or used in financing activities	(85,053)	(91,349)	(97,308)
Net increase/(decrease) in cash held	1,062	(24,938)	1,016
Cash at the beginning of financial year	31,632	31,853	6,915
Cash transfers from restructure	..	..	..
Cash at the end of financial year	32,694	6,915	7,931

Central Queensland Hospital and Health Service

Overview

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

- Great Care, Great Experience – Safe, compassionate care, delivered to the highest standards, close to home, with consumes at the heart of all we do.
- Great Learning and Research – Great place to learn, research and shape the future of healthcare.
- 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* 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, reopening regional maternity wards, fast-tracking access to elective surgeries, and helping patients to be seen faster.

Key deliverables

In 2025–26, Central Queensland HHS will:

- reduce health inequalities and improve health outcomes for Central Queenslanders throughout all stages of life
- improve access to care models that reduce unplanned presentations and hospital admissions
- deliver high quality, safe and timely care, for the right patient, in the right place, at the right time by the right care providers
- provide coordinated and collaborative care for seamless transitions across the patient journey
- progress projects in line with the *Hospital Rescue Plan* including:
 - master plans for Rockhampton Hospital, Gladstone Hospital and the Capricorn Coast
 - deliver the Rockhampton Hospital Cardiac Hybrid Theatre project, currently under construction
 - deliver the Rockhampton Hospital Mental Health Unit, providing a total of 32 mental health beds, currently under construction
 - plan 6 new beds for the Step Up Step Down mental health facility
- 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

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	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 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%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	67%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days) Category 3 (365 days) 	>98%	82%	>98%
	>95%	37%	>95%
	>95%	46%	>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%	60.6%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁵	<12%	9.6%	<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%	57%	98%
	..	35%	..
	..	60%	..
Percentage of specialist outpatients seen within clinically recommended times ⁸			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁷ Category 3 (365 days)⁷ 	98%	76%	98%
	..	52%	..
	..	58%	..
Median wait time for treatment in emergency departments (minutes) ^{1,9}	..	13	..
Median wait time for elective surgery treatment (days) ^{2,10}	..	39	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,869	\$6,188	\$6,080

Service standards	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	1,718	1,523	1,810
• Category 2 (90 days)	575	508	797
• Category 3 (365 days)	264	227	112
Number of Telehealth outpatients service events ¹³	20,911	20,508	22,135
Total weighted activity units (WAU) ^{14,15}			
• Acute Inpatients	52,408	52,948	57,212
• Outpatients	12,857	15,071	15,267
• Sub-acute	6,917	8,411	8,360
• Emergency Department	23,664	21,757	23,008
• Mental Health	3,455	7,175	12,110
• Prevention and Primary Care	2,420	2,924	2,438
Ambulatory mental health service contact duration (hours) ¹⁶	>38,352	30,631	>38,352

Notes:

- Emergency department 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Elective surgery 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2024 and 31 December 2024.
- Mental Health rate of community follow up 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Mental Health readmissions 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Waiting within clinically recommended time is a point in time performance measure. 2024–25 Estimated Actual is as at 30 April 2025.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2024–25 Target/Estimates and 2025–26 Target/Estimates for category 2 and 3 patients are not applicable.
- Seen in time 2024–25 Estimated Actual is for the period 1 July 2024 to 30 April 2025.
- 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 2024–25 Target/Estimate varies from the published *2024–25 Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Elective surgery performed in public hospitals. Treated volume 2024–25 Estimated Actual is a 12-month projection based on the period 1 July 2024 to 30 April 2025.
- The Telehealth 2024–25 Estimated Actual represents a 12-month projection based on data for the period 1 July 2024 to 30 April 2025. The 2025–26 Target/Estimate is set using the first 6 months of 2024–25 actuals and takes into consideration the operational and strategic requirements for each HHS.
- The 2024–25 Target/Estimate varies from the published *2024–25 Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. The 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 31 March 2025. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
- The Mental Health 2024–25 Estimated Actual and 2025–26 Target/Estimate differ from the 2024–25 Target/Estimate due to the planned national transition of Community Mental Health Services into Activity Based Funding in 2025–26. Activity targets for Community Mental Health were incorporated into 2024–25 Targets following publication of *the 2024–25 Service Delivery Statements*, to support Queensland's preparations for the planned national transition in 2025–26.
- Ambulatory Mental Health service contact duration 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 30 April 2025.

Staffing

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

Service area	2024–25 Budget	2024–25 Est. Actual	2025–26 Budget
Total FTEs	3,506	3,726	3,736

Income statement

Central Queensland Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
INCOME			
User charges and fees	842,254	891,954	937,200
Grants and other contributions	28,519	32,169	32,169
Interest and distributions from managed funds	4	4	4
Other revenue	2,539	2,539	2,539
Gains on sale/revaluation of assets	48	48	48
Total income	873,364	926,714	971,960
EXPENSES			
Employee expenses	97,454	103,596	106,188
Supplies and Services:			
Other supplies and services	236,681	290,895	290,946
Department of Health contract staff	473,086	492,121	504,424
Grants and subsidies	822	905	928
Depreciation and amortisation	50,163	53,486	52,977
Finance/borrowing costs	..	16	16
Other expenses	14,701	14,879	15,104
Losses on sale/revaluation of assets	457	1,316	1,377
Total expenses	873,364	957,214	971,960
OPERATING SURPLUS/(DEFICIT)	..	(30,500)	..

Balance sheet

Central Queensland Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CURRENT ASSETS			
Cash assets	7,768	1,157	1,348
Receivables	25,907	19,606	19,372
Other financial assets	..	..	..
Inventories	5,231	5,985	6,013
Other	768	825	879
Non-financial assets held for sale	..	..	..
Total current assets	39,674	27,573	27,612
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	542,382	546,787	554,506
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	542,382	546,787	554,506
TOTAL ASSETS	582,056	574,360	582,118
CURRENT LIABILITIES			
Payables	67,101	92,665	91,536
Accrued employee benefits	2,727	1,434	1,465
Interest bearing liabilities and derivatives	1,367	2,999	2,999
Provisions	..	..	..
Other	1,397	1,343	1,343
Total current liabilities	72,592	98,441	97,343
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	235	235
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	235	235
TOTAL LIABILITIES	72,592	98,676	97,578
NET ASSETS/(LIABILITIES)	509,464	475,684	484,540
EQUITY			
TOTAL EQUITY	509,464	475,684	484,540

Cash flow statement

Central Queensland Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	842,651	891,656	936,878
Grants and other contributions	22,629	26,279	26,279
Interest and distribution from managed funds received	4	4	4
Other	16,479	16,479	16,479
Outflows:			
Employee costs	(97,423)	(103,565)	(106,157)
Supplies and services	(724,803)	(769,247)	(810,608)
Grants and subsidies	(822)	(905)	(928)
Borrowing costs	..	(16)	(16)
Other	(9,514)	(9,692)	(9,917)
Net cash provided by or used in operating activities	49,201	50,993	52,014
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	118	149	119
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	118	149	119
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	..	557	1,035
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	(50,163)	(53,486)	(52,977)
Net cash provided by or used in financing activities	(50,163)	(52,929)	(51,942)
Net increase/(decrease) in cash held	(844)	(1,787)	191
Cash at the beginning of financial year	8,612	2,944	1,157
Cash transfers from restructure	..	..	..
Cash at the end of financial year	7,768	1,157	1,348

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.

Our purpose is to improve health and wellbeing across our communities.

Central West HHS's objectives are:

- People – Empowering and investing in a skilled workforce that is valued and supported and engaging with our rural communities to develop collaborative partnerships.
- 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.

The Central West 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 2025–26, Central West HHS will:

- expand mental health, alcohol and other drug services by increasing the number of valid assessment packages and care plans provided
- expand oral health services
- deliver 15 new modular staff accommodation units at Longreach Hospital and Winton Multipurpose Health Service
- commence tele-echocardiography to support patients to receive diagnostic services closer to home
- strengthen our engagement with consumers and clinicians through revitalised Consumer and Clinician Engagement Strategies
- deliver a new *Health Service Plan for 2025–2031*
- work to reduce ambulance ramping delays and stabilise elective surgery waiting lists in accordance with the Government's priorities.

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	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 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%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	92%	>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%	94%	>98%
	>95%	92%	>95%
	>95%	99%	>95%
Median wait time for treatment in emergency departments (minutes) ^{1,3}	..	4	..
Median wait time for elective surgery treatment (days) ^{2,4}	..	92	..
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) 	31	40	41
	34	40	41
	161	116	112
Number of Telehealth outpatients service events ⁶	4,500	4,889	4,725
Total weighted activity units (WAU) ^{7,8}			
<ul style="list-style-type: none"> Acute Inpatients Outpatients Sub-acute Emergency Department Mental Health Prevention and Primary Care 	2,793	3,069	2,829
	2,602	2,667	2,779
	217	231	211
	1,115	1,382	1,420
	49	287	606
	130	179	119
Ambulatory mental health service contact duration (hours) ⁹	>2,016	1,829	>2,016

Notes:

1. Emergency department 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
2. Elective surgery 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
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 2024–25 Estimated Actual is a 12-month projection based on the period 1 July 2024 to 30 April 2025.
6. The Telehealth 2024–25 Estimated Actual represents a 12-month projection based on data for the period 1 July 2024 to 30 April 2025. The 2025–26 Target/Estimate is set using the first 6 months of 2024–25 actuals and takes into consideration the operational and strategic requirements for each HHS.
7. The 2024–25 Target/Estimate varies from the published *2024–25 Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. The 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 31 March 2025. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
8. The Mental Health 2024–25 Estimated Actual and 2025–26 Target/Estimate differ from the 2024–25 Target/Estimate due to the planned national transition of Community Mental Health Services into Activity Based Funding in 2025–26. Activity targets for Community Mental Health were incorporated into 2024–25 Targets following publication of the *2024–25 Service Delivery Statements*, to support Queensland's preparations for the planned national transition in 2025–26.
9. Ambulatory Mental Health service contact duration 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 30 April 2025.

Staffing

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

Service area	2024–25 Budget	2024–25 Est. Actual	2025–26 Budget
Total FTEs	455	430	456

Income statement

Central West Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
INCOME			
User charges and fees	109,840	116,504	120,478
Grants and other contributions	4,497	4,920	4,415
Interest and distributions from managed funds	10	17	16
Other revenue	331	434	418
Gains on sale/revaluation of assets	..	23	..
Total income	114,678	121,898	125,327
EXPENSES			
Employee expenses	14,292	14,532	15,780
Supplies and Services:			
Other supplies and services	33,757	36,393	37,925
Department of Health contract staff	55,238	59,081	60,566
Grants and subsidies	..	..	..
Depreciation and amortisation	8,931	8,633	8,723
Finance/borrowing costs	19	72	70
Other expenses	2,313	1,976	2,155
Losses on sale/revaluation of assets	128	111	108
Total expenses	114,678	120,798	125,327
OPERATING SURPLUS/(DEFICIT)	..	1,100	..

Balance sheet

Central West Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CURRENT ASSETS			
Cash assets	1,318	7,473	8,045
Receivables	1,254	1,996	1,998
Other financial assets	..	..	..
Inventories	840	566	585
Other	274	248	256
Non-financial assets held for sale	..	..	..
Total current assets	3,686	10,283	10,884
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	151,884	138,443	134,927
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	151,884	138,443	134,927
TOTAL ASSETS	155,570	148,726	145,811
CURRENT LIABILITIES			
Payables	7,237	9,880	10,408
Accrued employee benefits	276	610	683
Interest bearing liabilities and derivatives	476	575	423
Provisions	..	..	..
Other	..	52	52
Total current liabilities	7,989	11,117	11,566
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	373	684	585
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	373	684	585
TOTAL LIABILITIES	8,362	11,801	12,151
NET ASSETS/(LIABILITIES)	147,208	136,925	133,660
EQUITY			
TOTAL EQUITY	147,208	136,925	133,660

Cash flow statement

Central West Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	109,830	116,924	120,463
Grants and other contributions	3,080	3,919	3,384
Interest and distribution from managed funds received	10	17	16
Other	2,180	2,283	2,267
Outflows:			
Employee costs	(14,226)	(14,378)	(15,707)
Supplies and services	(90,694)	(93,712)	(99,934)
Grants and subsidies	..	..	..
Borrowing costs	(19)	(72)	(70)
Other	(896)	(2,164)	(1,124)
Net cash provided by or used in operating activities	9,265	12,817	9,295
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	23	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(50)	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(50)	23	..
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	617	760	423
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(616)	(575)	(423)
Equity withdrawals	(8,931)	(8,633)	(8,723)
Net cash provided by or used in financing activities	(8,930)	(8,448)	(8,723)
Net increase/(decrease) in cash held	285	4,392	572
Cash at the beginning of financial year	1,033	3,081	7,473
Cash transfers from restructure	..	..	..
Cash at the end of financial year	1,318	7,473	8,045

Children’s Health Queensland Hospital and Health Service

Overview

Children’s Health Queensland (CHQ) is a specialist statewide paediatric quaternary level hospital and health service. CHQ’s vision is putting children and young people first. To realise this vision, CHQ remains focused on its purpose, empowering generations through trusted healthcare. The CHQ *Strategic Plan 2024–2028* sets the path for key deliverables across four strategic objectives of:

- 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* 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 2025–26, CHQ will:

- improve access and flow through transformation projects including delivery of the Queensland Children’s Hospital inpatient ward reconfigurations and expansion of specialist outpatients department which will improve capacity to provide enhanced ambulatory care services
- integrate and strengthen the paediatric network of care through partnership and evolved clinical service models that meet the needs of children and young people across the state. This work will be informed through the development of the *CHQ’s Clinical Services Plan*
- deliver integrated community health services that are designed in collaboration with the communities and stakeholders they serve. This includes establishing a new integrated Community Health Centre in Yeronga to provide appropriate integrated child, youth and family services while enabling the consolidation and relocation of existing CHQ services
- strengthen our technical infrastructure and digital ecosystem to ensure reliable, accessible and trusted care. This includes replacement and upgrades of core ICT, biomed and digital solutions and digitisation and transformation of clinical workflows
- implement the *CHQ Aboriginal and Torres Strait Islander Health Workforce Action Plan*
- continue to collaborate with other organisations and agencies to contribute to early intervention and prevention strategies that address priority health and social determinant needs for children and young people. This includes the scale of adoption for programs such as Connecting2U
- increase access to safe and timely clinical trials for Queensland children by embedding clinical trials into routine health care, accelerating CHQ’s readiness to deliver advanced therapies, and developing innovative business models for sustainability via the Queensland Children’s Hospital ACTION Centre
- work to reduce ambulance ramping delays and stabilise elective surgery waiting lists in accordance with the Government’s priorities.

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 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	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
• Category 1 (within 2 minutes)	100%	100%	100%
• Category 2 (within 10 minutes)	80%	91%	80%
• Category 3 (within 30 minutes)	75%	80%	75%
• Category 4 (within 60 minutes)	70%	87%	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%	98%	>98%
• Category 2 (90 days)	>95%	80%	>95%
• Category 3 (365 days)	>95%	89%	>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%	62.2%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁵	<12%	5.0%	<12%
Percentage of specialist outpatients waiting within clinically recommended times ⁶			
• Category 1 (30 days)	98%	64%	98%
• Category 2 (90 days) ⁷	..	58%	..
• Category 3 (365 days) ⁷	..	86%	..

Service standards	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Percentage of specialist outpatients seen within clinically recommended times ⁸			
• Category 1 (30 days)	98%	78%	98%
• Category 2 (90 days) ⁷	..	37%	..
• Category 3 (365 days) ⁷	..	59%	..
Median wait time for treatment in emergency departments (minutes) ^{1,9}	..	13	..
Median wait time for elective surgery treatment (days) ^{2,10}	..	55	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$6,446	\$6,436	\$6,801
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	1,869	1,913	1,910
• Category 2 (90 days)	4,684	3,703	4,401
• Category 3 (365 days)	2,128	2,210	2,354
Number of Telehealth outpatients service events ¹³	15,700	18,997	16,171
Total weighted activity units (WAU) ^{14,15}			
• Acute Inpatients			
• Outpatients	72,971	69,230	74,035
• Sub-acute	21,251	24,627	25,539
• Emergency Department	3,509	2,318	2,197
• Mental Health	10,357	9,007	10,272
• Prevention and Primary Care	4,707	6,503	18,364
Ambulatory mental health service contact duration (hours) ¹⁶	>65,767	63,314	>65,767

Notes:

- Emergency department 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Elective surgery 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2024 and 31 December 2024.
- Mental Health rate of community follow up 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Mental Health readmissions 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Waiting within clinically recommended time is a point in time performance measure. 2024–25 Estimated Actual is as at 30 April 2025.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2024–25 Target/Estimates and 2025–26 Target/Estimates for category 2 and 3 patients are not applicable.
- Seen in time 2024–25 Estimated Actual is for the period 1 July 2024 to 30 April 2025.
- 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 2024–25 Target/Estimate varies from the published 2024–25 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Elective surgery performed in public hospitals. Treated volume 2024–25 Estimated Actual is a 12-month projection based on the period 1 July 2024 to 30 April 2025.
- The Telehealth 2024–25 Estimated Actual represents a 12-month projection based on data for the period 1 July 2024 to 30 April 2025. The 2025–26 Target/Estimate is set using the first 6 months of 2024–25 actuals and takes into consideration the operational and strategic requirements for each HHS.

14. The 2024–25 Target/Estimate varies from the published *2024–25 Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. The 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 31 March 2025. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
15. The Mental Health 2024–25 Estimated Actual and 2025–26 Target/Estimate differ from the 2024–25 Target/Estimate due to the planned national transition of Community Mental Health Services into Activity Based Funding in 2025–26. Activity targets for Community Mental Health were incorporated into 2024–25 Targets following publication of the *2024–25 Service Delivery Statements*, to support Queensland's preparations for the planned national transition in 2025–26.
16. Ambulatory Mental Health service contact duration 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 30 April 2025.

Staffing

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

Service area	2024–25 Budget	2024–25 Est. Actual	2025–26 Budget
Total FTEs	4,304	4,722	4,756

Income statement

Children's Health Queensland Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
INCOME			
User charges and fees	1,078,171	1,128,896	1,160,308
Grants and other contributions	10,180	10,353	10,612
Interest and distributions from managed funds	25	31	32
Other revenue	6,113	6,190	6,218
Gains on sale/revaluation of assets	69	44	45
Total income	1,094,558	1,145,514	1,177,215
EXPENSES			
Employee expenses	160,427	170,577	175,960
Supplies and Services:			
Other supplies and services	276,101	250,642	254,508
Department of Health contract staff	557,994	611,243	632,025
Grants and subsidies	4,235	3,500	3,602
Depreciation and amortisation	78,538	90,978	92,734
Finance/borrowing costs	..	..	..
Other expenses	16,748	16,959	17,433
Losses on sale/revaluation of assets	515	1,615	953
Total expenses	1,094,558	1,145,514	1,177,215
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Children's Health Queensland Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CURRENT ASSETS			
Cash assets	43,352	56,092	58,758
Receivables	23,827	20,464	18,770
Other financial assets	..	..	..
Inventories	7,835	7,442	7,481
Other	2,979	3,360	3,376
Non-financial assets held for sale	..	..	..
Total current assets	77,993	87,358	88,385
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	1,185,749	1,192,649	1,119,451
Intangibles	9,003	4,865	4,210
Other	..	..	..
Total non-current assets	1,194,752	1,197,514	1,123,661
TOTAL ASSETS	1,272,745	1,284,872	1,212,046
CURRENT LIABILITIES			
Payables	79,846	82,315	83,165
Accrued employee benefits	3,805	3,880	4,057
Interest bearing liabilities and derivatives	34	23	23
Provisions	..	..	..
Other	1,186	4,547	4,547
Total current liabilities	84,871	90,765	91,792
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	84,871	90,765	91,792
NET ASSETS/(LIABILITIES)	1,187,874	1,194,107	1,120,254
EQUITY			
TOTAL EQUITY	1,187,874	1,194,107	1,120,254

Cash flow statement

Children's Health Queensland Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	1,079,471	1,127,715	1,161,174
Grants and other contributions	3,224	3,334	3,418
Interest and distribution from managed funds received	25	31	32
Other	10,988	11,065	11,093
Outflows:			
Employee costs	(160,030)	(170,180)	(175,783)
Supplies and services	(838,556)	(869,983)	(890,738)
Grants and subsidies	(4,235)	(3,500)	(3,602)
Borrowing costs	..	..	..
Other	(9,792)	(9,940)	(10,239)
Net cash provided by or used in operating activities	81,095	88,542	95,355
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	69	44	45
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	(6,204)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	69	(6,160)	45
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	..	1,561	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	(78,538)	(90,978)	(92,734)
Net cash provided by or used in financing activities	(78,538)	(89,417)	(92,734)
Net increase/(decrease) in cash held	2,626	(7,035)	2,666
Cash at the beginning of financial year	40,726	63,127	56,092
Cash transfers from restructure	..	..	..
Cash at the end of financial year	43,352	56,092	58,758

Darling Downs Hospital and Health Service

Overview

The vision of the Darling Downs Hospital and Health Service (HHS) 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:

- Better Health – Our services are aligned with our priorities to ensure better health for all.
- Accessible care – The way we deliver care improves accessibility for our community.
- Delivery of care – Our resources, systems and processes are designed to support and improve the delivery of care.
- Safe environments – Ensure our communities, consumers, our people and their information are safe.

The Darling Downs 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 2025–26, Darling Downs HHS will:

- deliver HHS operational readiness and commissioning planning for the new Toowoomba Hospital as part of the *Hospital Rescue Plan*
- contribute to planning activities for rural facility uplift at Chinchilla, Jandowae and Murgon as identified in the *Hospital Rescue Plan*
- deliver the second iteration of the *Darling Downs HHS First Nations Health Equity Strategy Implementation Plan* in collaboration with our First Nations communities and partners to improve health equity for First Nations people
- invest and deliver staff accommodation in rural locations including Tara, Millmerran and Goondiwindi to improve health service delivery to the community
- escalate service capability to improve patient flow through emergency department, specialist outpatients and elective surgeries
- undertake digital transformation and infrastructure uplift to progress technology which supports innovative models of care
- improve workforce data analytics capability to support maximum attraction, recruitment and retention
- 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

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	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 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%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	70%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days) Category 3 (365 days) 	>98%	98%	>98%
	>95%	76%	>95%
	>95%	63%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ³	≤1.0	0.4	≤1.0
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit ⁴	>65%	68.2%	>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%	83%	98%
	..	53%	..
	..	74%	..
Percentage of specialist outpatients seen within clinically recommended times ⁸			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁷ Category 3 (365 days)⁷ 	98%	92%	98%
	..	57%	..
	..	57%	..
Median wait time for treatment in emergency departments (minutes) ^{1,9}	..	18	..
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	\$5,890	\$6,422	\$6,109

Service standards	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	2,352	2,398	2,408
• Category 2 (90 days)	2,749	2,141	2,595
• Category 3 (365 days)	663	566	789
Number of Telehealth outpatients service events ¹³	24,750	30,248	28,500
Total weighted activity units (WAU) ^{14,15}			
• Acute Inpatients	70,462	71,867	74,928
• Outpatients	17,845	19,320	19,908
• Sub-acute	11,044	15,200	12,266
• Emergency Department	27,538	27,305	27,791
• Mental Health	17,286	19,375	24,132
• Prevention and Primary Care	2,722	3,063	2,622
Ambulatory mental health service contact duration (hours) ¹⁶	>72,612	53,732	>72,612

Notes:

- Emergency department 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Elective surgery 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2024 and 31 December 2024.
- Mental Health rate of community follow up 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Mental Health readmissions 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Waiting within clinically recommended time is a point in time performance measure. 2024–25 Estimated Actual is as at 30 April 2025.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2024–25 Target/Estimates and 2025–26 Target/Estimates for category 2 and 3 patients are not applicable.
- Seen in time 2024–25 Estimated Actual is for the period 1 July 2024 to 30 April 2025.
- 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 2024–25 Target/Estimate varies from the published *2024–25 Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Elective surgery performed in public hospitals. Treated volume 2024–25 Estimated Actual is a 12-month projection based on the period 1 July 2024 to 30 April 2025.
- The Telehealth 2024–25 Estimated Actual represents a 12-month projection based on data for the period 1 July 2024 to 30 April 2025. The 2025–26 Target/Estimate is set using the first 6 months of 2024–25 actuals and takes into consideration the operational and strategic requirements for each HHS.
- The 2024–25 Target/Estimate varies from the published *2024–25 Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. The 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 31 March 2025. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
- The Mental Health 2024–25 Estimated Actual and 2025–26 Target/Estimate differ from the 2024–25 Target/Estimate due to the planned national transition of Community Mental Health Services into Activity Based Funding in 2025–26. Activity targets for Community Mental Health were incorporated into 2024–25 Targets following publication of the *2024–25 Service Delivery Statements*, to support Queensland's preparations for the planned national transition in 2025–26.
- Ambulatory Mental Health service contact duration 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 30 April 2025.

Staffing

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

Service area	2024–25 Budget	2024–25 Est. Actual	2025–26 Budget
Total FTEs	5,418	5,787	5,797

Income statement

Darling Downs Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
INCOME			
User charges and fees	1,179,034	1,229,661	1,301,134
Grants and other contributions	60,624	66,619	66,833
Interest and distributions from managed funds	1,240	1,600	1,630
Other revenue	2,272	3,218	2,596
Gains on sale/revaluation of assets	..	82	..
Total income	1,243,170	1,301,180	1,372,193
EXPENSES			
Employee expenses	151,085	161,500	166,259
Supplies and Services:			
Other supplies and services	289,573	317,302	315,683
Department of Health contract staff	711,985	763,005	785,411
Grants and subsidies	8,705	3,388	8,570
Depreciation and amortisation	58,048	69,699	70,236
Finance/borrowing costs	184	191	203
Other expenses	21,652	23,343	23,893
Losses on sale/revaluation of assets	1,938	2,312	1,938
Total expenses	1,243,170	1,340,740	1,372,193
OPERATING SURPLUS/(DEFICIT)	..	(39,560)	..

Balance sheet

Darling Downs Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CURRENT ASSETS			
Cash assets	102,086	63,062	68,171
Receivables	10,044	10,395	10,703
Other financial assets	..	..	..
Inventories	9,480	10,583	10,848
Other	7,590	6,782	6,952
Non-financial assets held for sale	..	..	..
Total current assets	129,200	90,822	96,674
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	724,807	729,105	736,537
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	724,807	729,105	736,537
TOTAL ASSETS	854,007	819,927	833,211
CURRENT LIABILITIES			
Payables	104,109	112,646	117,869
Accrued employee benefits	3,740	4,050	4,672
Interest bearing liabilities and derivatives	1,640	2,318	1,642
Provisions	..	..	..
Other	1,113	265	272
Total current liabilities	110,602	119,279	124,455
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	2,838	3,203	1,561
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	2,838	3,203	1,561
TOTAL LIABILITIES	113,440	122,482	126,016
NET ASSETS/(LIABILITIES)	740,567	697,445	707,195
EQUITY			
TOTAL EQUITY	740,567	697,445	707,195

Cash flow statement

Darling Downs Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	1,177,787	1,225,609	1,301,152
Grants and other contributions	51,112	56,328	56,262
Interest and distribution from managed funds received	1,240	1,600	1,630
Other	34,654	26,841	26,408
Outflows:			
Employee costs	(150,589)	(160,295)	(165,637)
Supplies and services	(1,030,170)	(1,070,639)	(1,120,326)
Grants and subsidies	(8,695)	(3,658)	(8,564)
Borrowing costs	(184)	(191)	(203)
Other	(12,700)	(16,236)	(15,174)
Net cash provided by or used in operating activities	62,455	59,359	75,548
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	(200)	(118)	(200)
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(3)	(100)	(3)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(203)	(218)	(203)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	1,923	3,974	2,318
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(1,923)	(3,974)	(2,318)
Equity withdrawals	(58,048)	(69,699)	(70,236)
Net cash provided by or used in financing activities	(58,048)	(69,699)	(70,236)
Net increase/(decrease) in cash held	4,204	(10,558)	5,109
Cash at the beginning of financial year	97,882	73,620	63,062
Cash transfers from restructure	..	..	..
Cash at the end of financial year	102,086	63,062	68,171

Gold Coast Hospital and Health Service

Overview

The vision of the Gold Coast Hospital and Health Service (HHS) is excellent people, excellent care. Our purpose is to provide compassionate, sustainable, highly reliable healthcare.

Gold Coast HHS's strategic objectives are:

- Future Value – Safe, compassionate, and high-value care.
- Future Care – Innovating and building future of care.
- Future Growth – New infrastructure and workforce.
- Future System – Connected, integrated, equitable and seamless system.

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 faster.

Key deliverables

In 2025–26, Gold Coast HHS will:

- commission and commence services at the new 70-bed Sub-Acute Building at Gold Coast University Hospital to support demand for health services by the rapidly growing Gold Coast population, supported through the *Hospital Rescue Plan*. This will include a new Acute Cognitive Support Unit to support patients with behavioural and psychological symptoms of dementia
- fully open the Gold Coast Secure Mental Health Rehabilitation Unit at Gold Coast University Hospital to provide mental health rehabilitation services for people who require extended inpatient care within a secure environment, with a focus on recovery, autonomy, self-determination and collaboratively working towards independent living
- transition Child and Youth Mental Health Services to the Gold Coast Health and Knowledge Precinct
- increase service provision of innovative technology including the only Australian public service of Magnetic Resonance-guided Focused Ultrasound for the treatment of Essential Tremor
- continue planning for the 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
- extend interim strategies to access increases in capacity while infrastructure expansion projects are realised
- continue to develop and embed an ambitious and robust transformation agenda to support organisational sustainability aligned with Queensland Health's reform agenda, including:
 - alternate and virtual models of care
 - maximising organisational efficiency and productivity
 - advancing our digital health program
- collaborate across sectors, providers, and stakeholders to achieve a system-based approach to healthcare and service delivery
- continue to improve health outcomes for First Nations people in line with the key priority areas of our First Nations Health Equity Strategy, including: providing culturally safe access to services; delivering a strong and capable workforce; partnering effectively with our Community and with First Nations service providers; and actively eliminating racial discrimination and institutional racism
- work to reduce ambulance ramping delays and stabilise elective surgery waiting lists in accordance with the Government's priorities.

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	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100%	100%	100%
	80%	71%	80%
	75%	75%	75%
	70%	83%	70%
	70%	92%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	49%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days) Category 3 (365 days) 	>98%	98%	>98%
	>95%	86%	>95%
	>95%	87%	>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%	56.9%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁵	<12%	6.0%	<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 	66%	61%	66%
	..	37%	..
	..	75%	..
Percentage of specialist outpatients seen within clinically recommended times ⁸			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁷ Category 3 (365 days)⁷ 	84%	71%	84%
	..	46%	..
	..	44%	..
Median wait time for treatment in emergency departments (minutes) ^{1,9}	..	12	..
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	\$6,199	\$6,328	\$6,362

Service standards	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	7,307	7,278	7,262
• Category 2 (90 days)	7,262	6,427	7,059
• Category 3 (365 days)	2,881	2,767	3,012
Number of Telehealth outpatients service events ¹³	20,845	19,458	20,845
Total weighted activity units (WAU) ^{14,15}			
• Acute Inpatients	169,543	170,059	179,024
• Outpatients	54,921	59,913	65,710
• Sub-acute	21,354	23,922	21,698
• Emergency Department	47,475	36,455	37,511
• Mental Health	16,348	26,457	37,122
• Prevention and Primary Care	3,652	3,311	3,173
Ambulatory mental health service contact duration (hours) ¹⁶	>90,125	83,619	>90,125

Notes:

- Emergency department 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Elective surgery 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2024 and 31 December 2024.
- Mental Health rate of community follow up 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Mental Health readmissions 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Waiting within clinically recommended time is a point in time performance measure. 2024–25 Estimated Actual is as at 30 April 2025.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2024–25 Target/Estimates and 2025–26 Target/Estimates for category 2 and 3 patients are not applicable.
- Seen in time 2024–25 Estimated Actual is for the period 1 July 2024 to 30 April 2025.
- 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 2024–25 Target/Estimate varies from the published *2024–25 Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Elective surgery performed in public hospitals. Treated volume 2024–25 Estimated Actual is a 12-month projection based on the period 1 July 2024 to 30 April 2025.
- The Telehealth 2024–25 Estimated Actual represents a 12-month projection based on data for the period 1 July 2024 to 30 April 2025. The 2025–26 Target/Estimate is set using the first 6 months of 2024–25 actuals and takes into consideration the operational and strategic requirements for each HHS.
- The 2024–25 Target/Estimate varies from the published *2024–25 Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. The 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 31 March 2025. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
- The Mental Health 2024–25 Estimated Actual and 2025–26 Target/Estimate differ from the 2024–25 Target/Estimate due to the planned national transition of Community Mental Health Services into Activity Based Funding in 2025–26. Activity targets for Community Mental Health were incorporated into 2024–25 Targets following publication of the *2024–25 Service Delivery Statements*, to support Queensland's preparations for the planned national transition in 2025–26.
- Ambulatory Mental Health service contact duration 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 30 April 2025.

Staffing

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

Service area	2024–25 Budget	2024–25 Est. Actual	2025–26 Budget
Total FTEs	10,157	10,411	10,733

Income statement

Gold Coast Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
INCOME			
User charges and fees	2,389,547	2,489,238	2,585,903
Grants and other contributions	15,421	31,115	31,115
Interest and distributions from managed funds	158	315	315
Other revenue	14,908	16,100	16,100
Gains on sale/revaluation of assets	705	705	705
Total income	2,420,739	2,537,473	2,634,138
EXPENSES			
Employee expenses	262,622	271,465	287,026
Supplies and Services:			
Other supplies and services	569,818	614,355	593,973
Department of Health contract staff	1,445,379	1,479,249	1,571,930
Grants and subsidies	..	..	..
Depreciation and amortisation	118,182	127,064	134,055
Finance/borrowing costs	..	..	..
Other expenses	22,726	39,105	40,919
Losses on sale/revaluation of assets	2,012	6,235	6,235
Total expenses	2,420,739	2,537,473	2,634,138
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Gold Coast Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CURRENT ASSETS			
Cash assets	135,594	138,940	140,576
Receivables	74,584	52,507	52,863
Other financial assets	..	..	..
Inventories	17,312	16,001	16,090
Other	6,459	6,772	7,039
Non-financial assets held for sale	..	..	..
Total current assets	233,949	214,220	216,568
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	1,958,542	2,051,753	2,034,764
Intangibles	2	3	3
Other	..	..	..
Total non-current assets	1,958,544	2,051,756	2,034,767
TOTAL ASSETS	2,192,493	2,265,976	2,251,335
CURRENT LIABILITIES			
Payables	204,987	182,188	184,726
Accrued employee benefits	14,500	4,555	4,561
Interest bearing liabilities and derivatives	279	727	727
Provisions	..	..	..
Other	2,161	5,656	5,656
Total current liabilities	221,927	193,126	195,670
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	64	64	64
Provisions	..	..	..
Other	34,316	34,315	32,350
Total non-current liabilities	34,380	34,379	32,414
TOTAL LIABILITIES	256,307	227,505	228,084
NET ASSETS/(LIABILITIES)	1,936,186	2,038,471	2,023,251
EQUITY			
TOTAL EQUITY	1,936,186	2,038,471	2,023,251

Cash flow statement

Gold Coast Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	2,387,419	2,482,887	2,579,552
Grants and other contributions	15,225	15,224	15,224
Interest and distribution from managed funds received	158	315	315
Other	20,993	22,185	22,185
Outflows:			
Employee costs	(262,616)	(271,459)	(287,020)
Supplies and services	(2,021,220)	(2,099,627)	(2,171,926)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(22,726)	(23,410)	(25,224)
Net cash provided by or used in operating activities	117,233	126,115	133,106
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	620	620	620
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	620
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	..	..	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	(116,217)	(125,099)	(132,090)
Net cash provided by or used in financing activities	(116,217)	(125,099)	(132,090)
Net increase/(decrease) in cash held	1,636	1,636	1,636
Cash at the beginning of financial year	133,958	137,304	138,940
Cash transfers from restructure	..	..	..
Cash at the end of financial year	135,594	138,940	140,576

Mackay Hospital and Health Service

Overview

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

Our 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* 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 2025–26, Mackay HHS will:

- continue to deliver accessible, high-quality emergency and planned care through continued quality improvement programs
- develop and implement the *Health Equity Strategy 2025–2028*, in collaboration with First Nations community and partners
- progress the Mackay Base Hospital expansion including the multistorey carpark and helipad project, under the *Hospital Rescue Plan*
- delivery of the Mackay community mental health refurbishment and Collinsville staff accommodation projects
- 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

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	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 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%	94%	80%
	75%	76%	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%	69%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days) Category 3 (365 days) 	>98%	72%	>98%
	>95%	48%	>95%
	>95%	42%	>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%	65.7%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁵	<12%	15.9%	<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 	70%	53%	70%
	..	15%	..
	..	54%	..
Percentage of specialist outpatients seen within clinically recommended times ⁸			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁷ Category 3 (365 days)⁷ 	81%	68%	81%
	..	33%	..
	..	72%	..
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	\$5,651	\$5,966	\$5,900

Service standards	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	1,561	1,003	1,345
• Category 2 (90 days)	806	540	915
• Category 3 (365 days)	253	104	146
Number of Telehealth outpatients service events ¹³	21,230	24,024	24,716
Total weighted activity units (WAU) ^{14,15}			
• Acute Inpatients	50,101	49,200	53,110
• Outpatients	12,842	13,948	13,996
• Sub-acute	5,664	7,338	6,705
• Emergency Department	17,394	16,419	16,901
• Mental Health	3,768	6,627	8,044
• Prevention and Primary Care	1,446	1,777	1,458
Ambulatory mental health service contact duration (hours) ¹⁶	>27,854	29,662	>27,854

Notes:

- Emergency department 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Elective surgery 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2024 and 31 December 2024.
- Mental Health rate of community follow up 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Mental Health readmissions 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Waiting within clinically recommended time is a point in time performance measure. 2024–25 Estimated Actual is as at 30 April 2025.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2024–25 Target/Estimates and 2025–26 Target/Estimates for category 2 and 3 patients are not applicable.
- Seen in time 2024–25 Estimated Actual is for the period 1 July 2024 to 30 April 2025.
- 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 2024–25 Target/Estimate varies from the published *2024–25 Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Elective surgery performed in public hospitals. Treated volume 2024–25 Estimated Actual is a 12-month projection based on the period 1 July 2024 to 30 April 2025.
- The Telehealth 2024–25 Estimated Actual represents a 12-month projection based on data for the period 1 July 2024 to 30 April 2025. The 2025–26 Target/Estimate is set using the first 6 months of 2024–25 actuals and takes into consideration the operational and strategic requirements for each HHS.
- The 2024–25 Target/Estimate varies from the published *2024–25 Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. The 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 31 March 2025. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
- The Mental Health 2024–25 Estimated Actual and 2025–26 Target/Estimate differ from the 2024–25 Target/Estimate due to the planned national transition of Community Mental Health Services into Activity Based Funding in 2025–26. Activity targets for Community Mental Health were incorporated into 2024–25 Targets following publication of the *2024–25 Service Delivery Statements*, to support Queensland's preparations for the planned national transition in 2025–26.
- Ambulatory Mental Health service contact duration 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 30 April 2025.

Staffing

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

Service area	2024–25 Budget	2024–25 Est. Actual	2025–26 Budget
Total FTEs	2,808	2,910	2,995

Income statement

Mackay Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
INCOME			
User charges and fees	657,280	700,626	729,696
Grants and other contributions	16,616	16,731	16,854
Interest and distributions from managed funds	..	..	..
Other revenue	4,630	4,630	4,630
Gains on sale/revaluation of assets	1	1	1
Total income	678,527	721,988	751,181
EXPENSES			
Employee expenses	68,700	76,122	93,201
Supplies and Services:			
Other supplies and services	173,231	212,327	181,450
Department of Health contract staff	388,847	406,846	419,051
Grants and subsidies	10	10	10
Depreciation and amortisation	35,198	41,873	43,473
Finance/borrowing costs	..	..	..
Other expenses	12,227	12,412	13,682
Losses on sale/revaluation of assets	314	314	314
Total expenses	678,527	749,904	751,181
OPERATING SURPLUS/(DEFICIT)	..	(27,916)	..

Balance sheet

Mackay Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CURRENT ASSETS			
Cash assets	20,798	1,895	2,224
Receivables	12,284	24,623	25,671
Other financial assets	..	..	..
Inventories	4,841	4,711	4,811
Other	11,796	1,984	1,994
Non-financial assets held for sale	..	..	..
Total current assets	49,719	33,213	34,700
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	409,407	514,068	514,307
Intangibles	14	12	4
Other	..	..	..
Total non-current assets	409,421	514,080	514,311
TOTAL ASSETS	459,140	547,293	549,011
CURRENT LIABILITIES			
Payables	51,358	68,948	70,077
Accrued employee benefits	4,859	2,328	2,469
Interest bearing liabilities and derivatives	1,286	2,327	931
Provisions	..	..	..
Other	4,614	6,881	6,881
Total current liabilities	62,117	80,484	80,358
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	250	680	680
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	250	680	680
TOTAL LIABILITIES	62,367	81,164	81,038
NET ASSETS/(LIABILITIES)	396,773	466,129	467,973
EQUITY			
TOTAL EQUITY	396,773	466,129	467,973

Cash flow statement

Mackay Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	657,635	700,981	730,051
Grants and other contributions	11,907	11,904	11,906
Interest and distribution from managed funds received	..	..	..
Other	13,028	13,028	13,028
Outflows:			
Employee costs	(68,559)	(75,981)	(93,060)
Supplies and services	(570,544)	(616,639)	(608,967)
Grants and subsidies	(10)	(10)	(10)
Borrowing costs	..	..	..
Other	(8,098)	(8,165)	(9,314)
Net cash provided by or used in operating activities	35,359	25,118	43,634
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	309	309	309
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	309	309	309
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	1,045	999	1,255
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(1,045)	(1,103)	(1,396)
Equity withdrawals	(35,198)	(41,873)	(43,473)
Net cash provided by or used in financing activities	(35,198)	(41,977)	(43,614)
Net increase/(decrease) in cash held	470	(16,550)	329
Cash at the beginning of financial year	20,328	18,445	1,895
Cash transfers from restructure	..	..	..
Cash at the end of financial year	20,798	1,895	2,224

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 community. 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 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 2025–26, Metro North HHS will:

- continue to improve and optimise patient access and flow through hospitals and across settings including continuing to improve access to Emergency Departments and improving egress from hospitals to subacute
- progress projects under the *Hospital Rescue Plan* in partnership with Health Infrastructure Queensland and other partners in the planning, design and delivery for Redcliffe Hospital Expansion, The Prince Charles Hospital Expansion and Queensland Cancer Centre
- complete the Caboolture Hospital redevelopment, including selected refurbishment of the existing hospital building (which includes establishment of a new chemotherapy service) and complete the new Mental Health Intensive Care Beds at the Caboolture Hospital
- stabilise elective surgical waitlists as outlined in the Minister for Health Charter
- continue to support thorough digital innovation health care initiatives for patient flow and patient experience
- continue to assist in delivering digital solutions which support statewide services including Cardiovascular Imaging Systems, Virtual Emergency and Telestroke
- complete construction of the new car parks at The Prince Charles Hospital
- 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
- work with community and partners to connect care and improve patient outcomes and experience
- 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

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	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 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%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	50%	>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%	84%	>98%
	>95%	71%	>95%
	>95%	86%	>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%	58.6%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁵	<12%	8.8%	<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%	51%	56%
	..	45%	..
	..	83%	..
Percentage of specialist outpatients seen within clinically recommended times ⁸			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁷ Category 3 (365 days)⁷ 	81%	73%	81%
	..	46%	..
	..	80%	..
Median wait time for treatment in emergency departments (minutes) ^{1,9}	..	17	..
Median wait time for elective surgery treatment (days) ^{2,10}	..	46	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,899	\$6,272	\$6,083

Service standards	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	12,449	10,487	12,154
• Category 2 (90 days)	11,156	8,444	10,688
• Category 3 (365 days)	6,717	5,750	5,868
Number of Telehealth outpatients service events ¹³	99,000	102,445	108,900
Total weighted activity units (WAU) ^{14,15}			
• Acute Inpatients	324,084	324,034	349,830
• Outpatients	120,677	119,424	133,330
• Sub-acute	34,089	38,050	40,134
• Emergency Department	79,710	64,649	66,425
• Mental Health	33,627	46,941	62,955
• Prevention and Primary Care	7,894	8,967	7,894
Ambulatory mental health service contact duration (hours) ¹⁶	>171,919	137,963	>171,919

Notes:

- Emergency department 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Elective surgery 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2024 and 31 December 2024.
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- Mental Health readmissions 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
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- Seen in time 2024–25 Estimated Actual is for the period 1 July 2024 to 30 April 2025.
- 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 2024–25 Target/Estimate varies from the published *2024–25 Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Elective surgery performed in public hospitals. Treated volume 2024–25 Estimated Actual is a 12-month projection based on the period 1 July 2024 to 30 April 2025.
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- The Mental Health 2024–25 Estimated Actual and 2025–26 Target/Estimate differ from the 2024–25 Target/Estimate due to the planned national transition of Community Mental Health Services into Activity Based Funding in 2025–26. Activity targets for Community Mental Health were incorporated into 2024–25 Targets following publication of the *2024–25 Service Delivery Statements*, to support Queensland's preparations for the planned national transition in 2025–26.
- Ambulatory Mental Health service contact duration 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 30 April 2025.

Staffing

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

Service area	2024–25 Budget	2024–25 Est. Actual	2025–26 Budget
Total FTEs	20,114	20,906	21,681

Income statement

Metro North Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
INCOME			
User charges and fees	4,344,806	4,588,663	4,733,894
Grants and other contributions	61,398	63,308	64,132
Interest and distributions from managed funds	1,903	2,356	2,254
Other revenue	5,788	7,591	6,245
Gains on sale/revaluation of assets	26	16	11
Total income	4,413,921	4,661,934	4,806,536
EXPENSES			
Employee expenses	538,414	550,535	576,444
Supplies and Services:			
Other supplies and services	937,103	1,060,423	1,006,347
Department of Health contract staff	2,637,186	2,776,914	2,907,601
Grants and subsidies	1,993	5,254	5,412
Depreciation and amortisation	189,295	201,754	211,643
Finance/borrowing costs	8,710	7,067	6,635
Other expenses	90,142	79,951	83,250
Losses on sale/revaluation of assets	11,078	8,936	9,204
Total expenses	4,413,921	4,690,834	4,806,536
OPERATING SURPLUS/(DEFICIT)	..	(28,900)	..

Balance sheet

Metro North Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CURRENT ASSETS			
Cash assets	237,481	240,877	242,189
Receivables	83,712	122,675	120,793
Other financial assets	..	..	..
Inventories	26,890	28,917	29,122
Other	16,464	15,922	16,208
Non-financial assets held for sale	..	..	..
Total current assets	364,547	408,391	408,312
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	2,349,884	2,552,685	2,367,285
Intangibles	3,303	4,360	2,970
Other	544	232	232
Total non-current assets	2,353,731	2,557,277	2,370,487
TOTAL ASSETS	2,718,278	2,965,668	2,778,799
CURRENT LIABILITIES			
Payables	328,152	348,861	363,160
Accrued employee benefits	15,591	22,467	27,604
Interest bearing liabilities and derivatives	20,273	25,169	25,169
Provisions	..	..	..
Other	4,846	49,927	49,927
Total current liabilities	368,862	446,424	465,860
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	351,569	355,642	328,694
Provisions	..	..	..
Other	2,551	1,955	1,955
Total non-current liabilities	354,120	357,597	330,649
TOTAL LIABILITIES	722,982	804,021	796,509
NET ASSETS/(LIABILITIES)	1,995,296	2,161,647	1,982,290
EQUITY			
TOTAL EQUITY	1,995,296	2,161,647	1,982,290

Cash flow statement

Metro North Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	4,330,861	4,578,075	4,727,945
Grants and other contributions	29,439	30,729	30,664
Interest and distribution from managed funds received	1,903	2,356	2,254
Other	45,511	47,314	45,968
Outflows:			
Employee costs	(533,582)	(545,703)	(571,307)
Supplies and services	(3,601,292)	(3,864,581)	(3,940,564)
Grants and subsidies	(1,993)	(5,254)	(5,412)
Borrowing costs	(8,710)	(7,067)	(6,635)
Other	(58,184)	(47,551)	(49,943)
Net cash provided by or used in operating activities	203,953	188,318	232,970
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	(17)	(636)	(661)
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(6,682)	(10,900)	(11,265)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(6,699)	(11,536)	(11,926)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	22,448	18,164	18,859
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(26,948)	(26,948)	(26,948)
Equity withdrawals	(189,295)	(201,754)	(211,643)
Net cash provided by or used in financing activities	(193,795)	(210,538)	(219,732)
Net increase/(decrease) in cash held	3,459	(33,756)	1,312
Cash at the beginning of financial year	234,022	274,633	240,877
Cash transfers from restructure	..	..	..
Cash at the end of financial year	237,481	240,877	242,189

Metro South Hospital and Health Service

Overview

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

This is supported by our six 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 2025–26, Metro South HHS will:

- continue construction works on major expansions of Princess Alexandra, Queen Elizabeth II Jubilee and Logan hospitals and commission new services including new mental health beds, a minor injury and illness clinic and a women's health clinic, an interim cancer care services at Logan Hospital and the Queensland Spinal Cord Injury Service Enhancement Program at Princess Alexandra Hospital
- continue to implement specific initiatives that target performance improvements in emergency departments, elective surgery, gastrointestinal endoscopy and outpatient services
- implement the SAFEST Journey Home program to improve access to care, reduce length of stay and achieve better patient outcomes
- continue to strengthen and explore further opportunities to work with other HHSs to implement networked health services for the benefit of all Queenslanders
- increase access to telehealth services to improve the patient experience
- continue to implement the *First Nations Health Equity Strategy* to improve outcomes for Aboriginal and Torres Strait Islander peoples
- continue to implement occupational violence prevention initiatives to protect the safety of patients and staff
- develop a new *Research and Innovation Strategy* to drive health research and its translation into clinical outcomes
- establish a Queensland Melanoma Institute to accelerate the fight against skin cancer across the state
- invest in leadership and staff development programs, and organisational culture improvement initiatives, to build and maintain the healthcare workforce for the future
- 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

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	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 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%	70%	80%
	75%	68%	75%
	70%	79%	70%
	70%	93%	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%	83%	>98%
	>95%	77%	>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	0.9	≤1.0
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit ⁴	>65%	62.1%	>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 	45%	40%	45%
	..	39%	..
	..	76%	..
Percentage of specialist outpatients seen within clinically recommended times ⁸			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁷ Category 3 (365 days)⁷ 	75%	73%	75%
	..	38%	..
	..	68%	..
Median wait time for treatment in emergency departments (minutes) ^{1,9}	..	13	..
Median wait time for elective surgery treatment (days) ^{2,10}	..	34	..
Efficiency measure			

Service standards	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,847	\$5,765	\$6,058
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days) Category 3 (365 days) 	11,661 8,551 4,657	10,111 7,073 3,971	11,748 8,306 4,135
Number of Telehealth outpatients service events ¹³	40,000	46,822	52,000
Total weighted activity units (WAU) ^{14,15}			
<ul style="list-style-type: none"> Acute Inpatients Outpatients Sub-acute Emergency Department Mental Health Prevention and Primary Care 	271,719 101,408 46,999 62,455 27,086 8,037	270,390 103,576 47,972 63,043 39,520 9,467	282,094 110,996 47,497 66,624 57,715 7,867
Ambulatory mental health service contact duration (hours) ¹⁶	>174,933	132,280	>174,933

Notes:

- Emergency department 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Elective surgery 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2024 and 31 December 2024.
- Mental Health rate of community follow up 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Mental Health readmissions 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Waiting within clinically recommended time is a point in time performance measure. 2024–25 Estimated Actual is as at 30 April 2025.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2024–25 Target/Estimates and 2025–26 Target/Estimates for category 2 and 3 patients are not applicable.
- Seen in time 2024–25 Estimated Actual is for the period 1 July 2024 to 30 April 2025.
- 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 2024–25 Target/Estimate varies from the published 2024–25 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Elective surgery performed in public hospitals. Treated volume 2024–25 Estimated Actual is a 12-month projection based on the period 1 July 2024 to 30 April 2025.
- The Telehealth 2024–25 Estimated Actual represents a 12-month projection based on data for the period 1 July 2024 to 30 April 2025. The 2025–26 Target/Estimate is set using the first 6 months of 2024–25 actuals and takes into consideration the operational and strategic requirements for each HHS.
- The 2024–25 Target/Estimate varies from the published 2024–25 Service Delivery Statement due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. The 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 31 March 2025. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
- The Mental Health 2024–25 Estimated Actual and 2025–26 Target/Estimate differ from the 2024–25 Target/Estimate due to the planned national transition of Community Mental Health Services into Activity Based Funding in 2025–26. Activity targets for Community Mental Health were incorporated into 2024–25 Targets following publication of the 2024–25 Service Delivery Statements, to support Queensland's preparations for the planned national transition in 2025–26.
- Ambulatory Mental Health service contact duration 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 30 April 2025.

Staffing

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

Service area	2024–25 Budget	2024–25 Est. Actual	2025–26 Budget
Total FTEs	16,697	17,664	17,779

Income statement

Metro South Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
INCOME			
User charges and fees	3,649,026	3,854,235	4,020,258
Grants and other contributions	61,298	66,782	66,782
Interest and distributions from managed funds	766	450	450
Other revenue	13,171	14,662	14,662
Gains on sale/revaluation of assets	198	82	82
Total income	3,724,459	3,936,211	4,102,234
EXPENSES			
Employee expenses	404,691	449,008	472,245
Supplies and Services:			
Other supplies and services	882,788	912,246	941,955
Department of Health contract staff	2,243,401	2,382,297	2,453,121
Grants and subsidies	906	3,015	3,136
Depreciation and amortisation	126,709	142,466	158,824
Finance/borrowing costs	218	236	199
Other expenses	64,033	68,030	71,041
Losses on sale/revaluation of assets	1,713	1,713	1,713
Total expenses	3,724,459	3,959,011	4,102,234
OPERATING SURPLUS/(DEFICIT)	..	(22,800)	..

Balance sheet

Metro South Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CURRENT ASSETS			
Cash assets	78,612	95,803	113,312
Receivables	74,362	90,392	91,320
Other financial assets	..	..	..
Inventories	22,715	24,413	24,558
Other	5,626	8,960	8,960
Non-financial assets held for sale	..	..	..
Total current assets	181,315	219,568	238,150
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	2,001,870	2,069,003	2,177,465
Intangibles	49	..	..
Other	..	..	..
Total non-current assets	2,001,919	2,069,003	2,177,465
TOTAL ASSETS	2,183,234	2,288,571	2,415,615
CURRENT LIABILITIES			
Payables	225,610	269,740	285,990
Accrued employee benefits	14,204	11,272	12,941
Interest bearing liabilities and derivatives	1,513	1,219	1,148
Provisions	..	..	..
Other	1,163	1,163	1,163
Total current liabilities	242,490	283,394	301,242
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	4,958	5,596	4,448
Provisions	..	..	..
Other	7,698	7,631	6,345
Total non-current liabilities	12,656	13,227	10,793
TOTAL LIABILITIES	255,146	296,621	312,035
NET ASSETS/(LIABILITIES)	1,928,088	1,991,950	2,103,580
EQUITY			
TOTAL EQUITY	1,928,088	1,991,950	2,103,580

Cash flow statement

Metro South Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	3,655,029	3,852,333	4,026,641
Grants and other contributions	37,454	38,608	40,231
Interest and distribution from managed funds received	766	450	450
Other	67,243	68,683	70,021
Outflows:			
Employee costs	(402,791)	(445,146)	(470,576)
Supplies and services	(3,167,287)	(3,366,800)	(3,436,078)
Grants and subsidies	(906)	(2,785)	(3,136)
Borrowing costs	(218)	(236)	(199)
Other	(47,964)	(49,338)	(52,543)
Net cash provided by or used in operating activities	141,326	95,769	174,811
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	198	82	82
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(1,650)	(11,451)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(1,452)	(11,369)	82
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	1,420	2,382	1,418
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(1,201)	(2,146)	(1,219)
Equity withdrawals	(125,563)	(141,225)	(157,583)
Net cash provided by or used in financing activities	(125,344)	(140,989)	(157,384)
Net increase/(decrease) in cash held	14,530	(56,589)	17,509
Cash at the beginning of financial year	64,082	152,392	95,803
Cash transfers from restructure	..	..	..
Cash at the end of financial year	78,612	95,803	113,312

North West Hospital and Health Service

Overview

The vision of the North West Hospital and Health Service (HHS) is to deliver trusted, connected, quality healthcare for all. To provide this, our 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* 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 2025–26, North West HHS will:

- focus on improved health outcomes and providing increased services closer to our communities
- focus on increasing our First Nations workforce and promote career opportunities
- develop a digital strategy for rural and remote health including a preliminary business case for an electronic health record
- progress delivery of the *Hospital Rescue Plan* including detailed design of the Doomadgee Hospital replacement and commissioning the new Normanton Hospital
- progress work on the new Mental Health Step Up Step Down Unit and new Mental Health Short Stay beds
- 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

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	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 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%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	86%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days) Category 3 (365 days) 	>98%	96%	>98%
	>95%	93%	>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	0.0	≤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%	52%	98%
	..	68%	..
	..	67%	..
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%	69%	98%
	..	73%	..
	..	56%	..
Median wait time for treatment in emergency departments (minutes) ^{1,7}	..	13	..
Median wait time for elective surgery treatment (days) ^{2,8}	..	20	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ⁹	\$6,913	\$6,769	\$7,076
Other measures			

Service standards	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Number of elective surgery patients treated within clinically recommended times ^{2,10}			
• Category 1 (30 days)	311	204	203
• Category 2 (90 days)	201	188	189
• Category 3 (365 days)	90	151	146
Number of Telehealth outpatients service events ¹¹	5,795	6,587	6,000
Total weighted activity units (WAU) ^{12,13}			
• Acute Inpatients	11,040	10,301	10,829
• Outpatients	3,406	4,287	4,437
• Sub-acute	1,526	1,592	1,569
• Emergency Department	7,814	8,705	9,413
• Mental Health	369	1,017	1,004
• Prevention and Primary Care	425	343	294
Ambulatory mental health service contact duration (hours) ¹⁴	>7,591	4,921	>7,591

Notes:

- Emergency department 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Elective surgery 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2024 and 31 December 2024.
- Waiting within clinically recommended time is a point in time performance measure. 2024–25 Estimated Actual is as at 30 April 2025.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2024–25 Target/Estimates and 2025–26 Target/Estimates for category 2 and 3 patients are not applicable.
- Seen in time 2024–25 Estimated Actual is for the period 1 July 2024 to 30 April 2025.
- 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 2024–25 Target/Estimate varies from the published *2024–25 Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Elective surgery performed in public hospitals. Treated volume 2024–25 Estimated Actual is a 12-month projection based on the period 1 July 2024 to 30 April 2025.
- The Telehealth 2024–25 Estimated Actual represents a 12-month projection based on data for the period 1 July 2024 to 30 April 2025. The 2025–26 Target/Estimate is set using the first 6 months of 2024–25 actuals and takes into consideration the operational and strategic requirements for each HHS.
- The 2024–25 Target/Estimate varies from the published *2024–25 Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. The 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 31 March 2025. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
- The Mental Health 2024–25 Estimated Actual and 2025–26 Target/Estimate differ from the 2024–25 Target/Estimate due to the planned national transition of Community Mental Health Services into Activity Based Funding in 2025–26. Activity targets for Community Mental Health were incorporated into 2024–25 Targets following publication of the *2024–25 Service Delivery Statements*, to support Queensland's preparations for the planned national transition in 2025–26.
- Ambulatory Mental Health service contact duration 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 30 April 2025.

Staffing

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

Service area	2024–25 Budget	2024–25 Est. Actual	2025–26 Budget
Total FTEs	868	908	926

Income statement

North West Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
INCOME			
User charges and fees	268,133	283,644	298,961
Grants and other contributions	5,038	6,314	6,320
Interest and distributions from managed funds	18	37	37
Other revenue	1,131	1,984	1,985
Gains on sale/revaluation of assets	..	..	..
Total income	274,320	291,979	307,303
EXPENSES			
Employee expenses	54,644	32,950	34,309
Supplies and Services:			
Other supplies and services	80,114	106,967	112,113
Department of Health contract staff	116,699	133,037	135,998
Grants and subsidies	750	238	768
Depreciation and amortisation	16,444	17,511	19,079
Finance/borrowing costs	..	317	..
Other expenses	5,555	4,654	5,036
Losses on sale/revaluation of assets	114	..	..
Total expenses	274,320	295,674	307,303
OPERATING SURPLUS/(DEFICIT)	..	(3,695)	..

Balance sheet

North West Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CURRENT ASSETS			
Cash assets	9,015	465	1,200
Receivables	3,551	6,583	7,107
Other financial assets	..	..	..
Inventories	1,672	1,574	1,574
Other	1,048	353	353
Non-financial assets held for sale	..	..	..
Total current assets	15,286	8,975	10,234
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	182,804	174,183	219,469
Intangibles	..	..	..
Other	199	61	28
Total non-current assets	183,003	174,244	219,497
TOTAL ASSETS	198,289	183,219	229,731
CURRENT LIABILITIES			
Payables	19,473	25,866	27,092
Accrued employee benefits	777	517	517
Interest bearing liabilities and derivatives	2,431	1,425	991
Provisions	..	..	..
Other	5,363	14	14
Total current liabilities	28,044	27,822	28,614
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	2,581	3,635	2,986
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	2,581	3,635	2,986
TOTAL LIABILITIES	30,625	31,457	31,600
NET ASSETS/(LIABILITIES)	167,664	151,762	198,131
EQUITY			
TOTAL EQUITY	167,664	151,762	198,131

Cash flow statement

North West Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	268,074	285,644	298,961
Grants and other contributions	3,540	4,781	4,785
Interest and distribution from managed funds received	18	37	37
Other	4,310	5,163	5,694
Outflows:			
Employee costs	(54,644)	(32,950)	(34,309)
Supplies and services	(201,101)	(242,929)	(251,085)
Grants and subsidies	(750)	(238)	(768)
Borrowing costs	..	(317)	..
Other	(4,057)	(3,928)	(3,501)
Net cash provided by or used in operating activities	15,390	15,263	19,814
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	1,219	2,549	1,083
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	(2,007)	(1,083)
Equity withdrawals	(16,444)	(17,511)	(19,079)
Net cash provided by or used in financing activities	(15,225)	(16,969)	(19,079)
Net increase/(decrease) in cash held	165	(1,706)	735
Cash at the beginning of financial year	8,850	2,171	465
Cash transfers from restructure	..	..	..
Cash at the end of financial year	9,015	465	1,200

South West Hospital and Health Service

Overview

The South West Hospital and Health Service (HHS) delivers high quality care across the care continuum. Our vision is to be a trusted and valued leader in the delivery of health services to rural and remote communities. Our purpose is to provide safe, effective, responsible and sustainable rural and remote health services in partnership that people trust and value.

The South West HHS's strategic objectives are:

- Our communities - placing people first; closing the gap on health inequalities for all; enabling a strong primary care service with preventative care approach to deliver care that is safe, trusted and as close to home as possible.
- Our teams - designing, attracting and retaining the best talent for the workforce of the future; empowering our people through a strong culture of team work and leadership; embracing and promoting a safe, healthy workplace with a focus on resilience and wellbeing.
- Our resources - investing in innovative and efficient assets to grow our services; developing fit-for-purpose infrastructure and delivering digitally enabled healthcare; demonstrating fiscal responsibility.
- Our services - strengthening local collaborative partnerships – to deliver the right service in the right place at the right time; achieving excellence in planning and governance to support the implementation of best practice, co-designed with our communities; delivering improved child health services and outcomes.

The South West 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 2025–26, South West HHS will:

- continue to deliver, and sustainably increase, clinical services and infrastructure to meet current and future population health and service needs – including through preventative care approaches and community/primary care solutions that support care closer to home
- continue to work in partnership to design and implement responsive workforce models that best optimise scope of practice and capacity – in addition to further growing a locally sourced workforce to deliver care that meets the needs our communities
- continue to promote, alongside Aboriginal Community Controlled Health Organisations and other community partners, improved health outcomes and equity measures that ensure culturally safe care for First Nations peoples and communities
- progress planning, through the *Hospital Rescue Plan*, for a new CT scanner 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.

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	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100%	100%	100%
	80%	100%	80%
	75%	97%	75%
	70%	97%	70%
	70%	99%	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%	85%	>98%
	>95%	93%	>95%
	>95%	96%	>95%
Median wait time for treatment in emergency departments (minutes) ^{1,3}	..	4	..
Median wait time for elective surgery treatment (days) ^{2,4}	..	75	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ⁵	New Measure	New Measure	\$7,390
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,6}			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days) Category 3 (365 days) 	135	130	149
	206	241	245
	579	553	547
Number of Telehealth outpatients service events ⁷	4,350	4,799	4,481
Total weighted activity units (WAU) ^{8,9}			
<ul style="list-style-type: none"> Acute Inpatients Outpatients Sub-acute Emergency Department Mental Health Prevention and Primary Care 	5,587	6,205	6,167
	2,216	2,504	2,508
	935	964	1,004
	3,484	3,578	3,896
	118	553	983
	362	589	353
Ambulatory mental health service contact duration (hours) ¹⁰	>5,410	3,840	>5,410

Notes:

1. Emergency department 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
2. Elective surgery 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
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. South West Hospital and Health Service is in scope for cost per WAU reporting from 2025–26 onwards. The 2025–26 Target/Estimate is reported in QWAU Phase Q27.
6. Elective surgery performed in public hospitals. Treated volume 2024–25 Estimated Actual is a 12-month projection based on the period 1 July 2024 to 30 April 2025.
7. The Telehealth 2024–25 Estimated Actual represents a 12-month projection based on data for the period 1 July 2024 to 30 April 2025. The 2025–26 Target/Estimate is set using the first 6 months of 2024–25 actuals and takes into consideration the operational and strategic requirements for each HHS.
8. The 2024–25 Target/Estimate varies from the published *2024–25 Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. The 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 31 March 2025. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
9. The Mental Health 2024–25 Estimated Actual and 2025–26 Target/Estimate differ from the 2024–25 Target/Estimate due to the planned national transition of Community Mental Health Services into Activity Based Funding in 2025–26. Activity targets for Community Mental Health were incorporated into 2024–25 Targets following publication of the *2024–25 Service Delivery Statements*, to support Queensland's preparations for the planned national transition in 2025–26.
10. Ambulatory Mental Health service contact duration 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 30 April 2025.

Staffing

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

Service area	2024–25 Budget	2024–25 Est. Actual	2025–26 Budget
Total FTEs	839	880	885

Income statement

South West Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
INCOME			
User charges and fees	206,964	218,473	226,980
Grants and other contributions	10,546	10,327	10,327
Interest and distributions from managed funds	20	..	..
Other revenue	457	467	467
Gains on sale/revaluation of assets	..	..	..
Total income	217,987	229,267	237,774
EXPENSES			
Employee expenses	23,181	23,127	25,220
Supplies and Services:			
Other supplies and services	50,562	57,648	59,397
Department of Health contract staff	125,977	128,973	133,078
Grants and subsidies	..	..	..
Depreciation and amortisation	16,433	17,554	18,202
Finance/borrowing costs	..	..	..
Other expenses	1,764	1,825	1,807
Losses on sale/revaluation of assets	70	140	70
Total expenses	217,987	229,267	237,774
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

South West Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CURRENT ASSETS			
Cash assets	30,865	31,568	32,091
Receivables	4,421	7,278	7,318
Other financial assets	..	..	..
Inventories	2,283	2,886	2,890
Other	544	675	677
Non-financial assets held for sale	..	..	..
Total current assets	38,113	42,407	42,976
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	288,150	313,379	303,070
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	288,150	313,379	303,070
TOTAL ASSETS	326,263	355,786	346,046
CURRENT LIABILITIES			
Payables	19,581	19,642	20,182
Accrued employee benefits	1,473	264	264
Interest bearing liabilities and derivatives	60	21	50
Provisions	..	..	..
Other	(344)	50	50
Total current liabilities	20,770	19,977	20,546
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	43	50	21
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	43	50	21
TOTAL LIABILITIES	20,813	20,027	20,567
NET ASSETS/(LIABILITIES)	305,450	335,759	325,479
EQUITY			
TOTAL EQUITY	305,450	335,759	325,479

Cash flow statement

South West Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	206,900	218,381	226,916
Grants and other contributions	10,546	10,327	10,327
Interest and distribution from managed funds received	20	..	..
Other	5,152	5,162	5,162
Outflows:			
Employee costs	(23,181)	(23,127)	(25,220)
Supplies and services	(180,986)	(191,110)	(196,922)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(1,524)	(1,585)	(1,567)
Net cash provided by or used in operating activities	16,927	18,048	18,696
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	29	29	29
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(29)	(29)	..
Equity withdrawals	(16,433)	(17,554)	(18,202)
Net cash provided by or used in financing activities	(16,433)	(17,554)	(18,173)
Net increase/(decrease) in cash held	494	494	523
Cash at the beginning of financial year	30,371	31,074	31,568
Cash transfers from restructure	..	..	..
Cash at the end of financial year	30,865	31,568	32,091

Sunshine Coast Hospital and Health Service

Overview

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

The Sunshine Coast HHS's strategic objectives, as per the strategic plan, include:

- Provide high-quality, equitable, accessible, person-centred care.
- Manage our financial, physical, and environmental resources responsibly.
- Improve and prepare for the future through research, education and innovation.

The Sunshine 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 faster.

Key deliverables

In 2025–26, Sunshine Coast HHS will:

- continue planning for the Gympie Hospital Redevelopment as part of the *Hospital Rescue Plan*
- commence planning for population growth in Caloundra South
- complete consultation and release the second Sunshine Coast Aboriginal and Torres Strait Islander *Health Equity Strategy Implementation Plan*
- continue the phased implementation plan for cardiothoracic and neurosurgery services
- continue planning for the growth of mental health services for the Sunshine Coast and Gympie regions
- continue implementation and development of Geriatric Evaluation Model (GEM), Hospital in the Home (HiTH) service
- continue developing a statewide Digital Front Door for consumers, in partnership with the Queensland Virtual Hospital
- continue developing an in-house large language model (AI) solution to simplify the searchability and accessibility of procedural documentation
- 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

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	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 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%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	63%	>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%	76%	>98%
	>95%	73%	>95%
	>95%	86%	>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%	65.5%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁵	<12%	8.8%	<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 	80%	69%	80%
	..	41%	..
	..	80%	..
Percentage of specialist outpatients seen within clinically recommended times ⁸			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁷ Category 3 (365 days)⁷ 	82%	82%	82%
	..	54%	..
	..	78%	..
Median wait time for treatment in emergency departments (minutes) ^{1,9}	..	14	..
Median wait time for elective surgery treatment (days) ^{2,10}	..	43	..
Efficiency measure			

Service standards	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,836	\$5,571	\$6,007
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	5,855	4,690	5,998
• Category 2 (90 days)	4,636	3,491	4,368
• Category 3 (365 days)	2,682	2,644	2,693
Number of Telehealth outpatients service events ¹³	17,446	17,070	17,446
Total weighted activity units (WAU) ^{14,15}			
• Acute Inpatients	132,964	128,733	142,087
• Outpatients	31,126	45,156	38,977
• Sub-acute	12,722	15,743	15,581
• Emergency Department	33,559	33,409	33,723
• Mental Health	9,712	13,717	23,234
• Prevention and Primary Care	4,245	4,291	3,708
Ambulatory mental health service contact duration (hours) ¹⁶	>64,184	64,184	>64,184

Notes:

- Emergency department 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Elective surgery 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2024 and 31 December 2024.
- Mental Health rate of community follow up 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Mental Health readmissions 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Waiting within clinically recommended time is a point in time performance measure. 2024–25 Estimated Actual is as at 30 April 2025.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2024–25 Target/Estimates and 2025–26 Target/Estimates for category 2 and 3 patients are not applicable.
- Seen in time 2024–25 Estimated Actual is for the period 1 July 2024 to 30 April 2025.
- 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 2024–25 Target/Estimate varies from the published 2024–25 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Elective surgery performed in public hospitals. Treated volume 2024–25 Estimated Actual is a 12-month projection based on the period 1 July 2024 to 30 April 2025.
- The Telehealth 2024–25 Estimated Actual represents a 12-month projection based on data for the period 1 July 2024 to 30 April 2025. The 2025–26 Target/Estimate is set using the first 6 months of 2024–25 actuals and takes into consideration the operational and strategic requirements for each HHS.
- The 2024–25 Target/Estimate varies from the published 2024–25 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. The 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 31 March 2025. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
- The Mental Health 2024–25 Estimated Actual and 2025–26 Target/Estimate differ from the 2024–25 Target/Estimate due to the planned national transition of Community Mental Health Services into Activity Based Funding in 2025–26. Activity targets for Community Mental Health were incorporated into 2024–25 Targets following publication of the 2024–25 *Service Delivery Statements*, to support Queensland's preparations for the planned national transition in 2025–26.
- Ambulatory Mental Health service contact duration 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 30 April 2025.

Staffing

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

Service area	2024–25 Budget	2024–25 Est. Actual	2025–26 Budget
Total FTEs	7,493	7,737	7,892

Income statement

Sunshine Coast Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
INCOME			
User charges and fees	1,756,137	1,872,338	1,972,954
Grants and other contributions	24,248	27,437	27,679
Interest and distributions from managed funds	459	981	1,006
Other revenue	14,503	14,443	14,701
Gains on sale/revaluation of assets	..	..	..
Total income	1,795,347	1,915,199	2,016,340
EXPENSES			
Employee expenses	198,218	230,190	237,640
Supplies and Services:			
Other supplies and services	390,905	416,224	440,592
Department of Health contract staff	970,551	1,027,788	1,058,076
Grants and subsidies	68	..	..
Depreciation and amortisation	161,943	205,564	202,646
Finance/borrowing costs	38,662	37,663	36,585
Other expenses	33,602	38,902	40,233
Losses on sale/revaluation of assets	1,398	568	568
Total expenses	1,795,347	1,956,899	2,016,340
OPERATING SURPLUS/(DEFICIT)	..	(41,700)	..

Balance sheet

Sunshine Coast Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CURRENT ASSETS			
Cash assets	17,366	18,896	27,462
Receivables	27,379	26,631	27,177
Other financial assets	..	..	..
Inventories	8,053	8,917	9,058
Other	4,551	5,114	5,176
Non-financial assets held for sale	..	..	..
Total current assets	57,349	59,558	68,873
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	2,219,311	2,692,523	2,791,321
Intangibles	115	355	266
Other	..	..	..
Total non-current assets	2,219,426	2,692,878	2,791,587
TOTAL ASSETS	2,276,775	2,752,436	2,860,460
CURRENT LIABILITIES			
Payables	174,410	174,418	187,633
Accrued employee benefits	4,969	5,801	6,967
Interest bearing liabilities and derivatives	13,874	13,804	14,950
Provisions	..	..	..
Other	4,536	4,920	4,920
Total current liabilities	197,789	198,943	214,470
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	445,595	445,248	430,434
Provisions	..	..	..
Other	62,099	62,087	58,349
Total non-current liabilities	507,694	507,335	488,783
TOTAL LIABILITIES	705,483	706,278	703,253
NET ASSETS/(LIABILITIES)	1,571,292	2,046,158	2,157,207
EQUITY			
TOTAL EQUITY	1,571,292	2,046,158	2,157,207

Cash flow statement

Sunshine Coast Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	1,757,280	1,887,729	1,974,913
Grants and other contributions	12,716	14,787	15,024
Interest and distribution from managed funds received	459	981	1,006
Other	43,194	57,252	43,392
Outflows:			
Employee costs	(197,368)	(229,176)	(236,474)
Supplies and services	(1,381,943)	(1,447,412)	(1,514,351)
Grants and subsidies	(68)	..	..
Borrowing costs	(38,918)	(37,919)	(36,841)
Other	(28,558)	(39,392)	(34,176)
Net cash provided by or used in operating activities	166,794	206,850	212,493
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	(3,362)	(2,796)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(3,362)	(2,796)	..
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	11,488	11,488	12,387
Outflows:			
Borrowing redemptions	(12,611)	(12,611)	(13,668)
Finance lease payments	..	..	..
Equity withdrawals	(161,943)	(205,564)	(202,646)
Net cash provided by or used in financing activities	(163,066)	(206,687)	(203,927)
Net increase/(decrease) in cash held	366	(2,633)	8,566
Cash at the beginning of financial year	17,000	21,529	18,896
Cash transfers from restructure	..	..	..
Cash at the end of financial year	17,366	18,896	27,462

Torres and Cape Hospital and Health Service

Overview

The vision of the Torres and Cape Hospital and Health Service (HHS) 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:

- Strengthen primary and public healthcare services.
- Enhance health and development services to support the first 2,000 days of life.
- Have services that embody healthy minds and support people with addictions.
- Provide care closer to home.

The Torres and Cape 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, reopening regional maternity wards, fast-tracking access to elective surgeries, and helping patients to be seen faster.

Key deliverables

In 2025–26, Torres and Cape HHS will:

- deliver detailed design for the Cooktown Multipurpose Health Service Facility to enable a modern, culturally appropriate hospital for the Cooktown region
- continue working on upgrading Primary Health Care Centre (PHCC) in 6 locations
- continue rebuilding Wujal Wujal PHCC following the flooding that destroyed the current PHCC in December 2023
- continue working on replacement and refurbishment of staff accommodations
- advance the next phase of the *Health Equity Strategy* – continued delivery of the current strategy while developing the next three-year plan, with a strong focus on improving access, cultural safety, and health outcomes for Aboriginal and Torres Strait Islander peoples
- strengthen workforce pathways and leadership for First Nations peoples – advance the *Torres and Cape HHS Workforce Strategy 2021–2026* by strengthening First Nations workforce participation and career pathways. This includes establishing leadership positions to support cultural capability
- 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

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	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 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%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	90%	>80%
Percentage of elective surgery patients treated within the clinically recommended times ²			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days) Category 3 (365 days) 	>98%	100%	>98%
Median wait time for treatment in emergency departments (minutes) ^{1,3}	..	14	..
Median wait time for elective surgery treatment (days) ^{2,4}	..	3	..
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) 	47	43	42
Number of Telehealth outpatients service events ⁶	2,800	3,032	2,940
Total weighted activity units (WAU) ^{7,8}			
<ul style="list-style-type: none"> Acute Inpatients Outpatients Sub-acute Emergency Department Mental Health Prevention and Primary Care 	4,359	5,580	4,948
Ambulatory mental health service contact duration (hours) ⁹	>8,116	9,038	>8,116

Notes:

1. Emergency department 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
2. Elective surgery 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
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 2024–25 Estimated Actual is a 12-month projection based on the period 1 July 2024 to 30 April 2025.
6. The Telehealth 2024–25 Estimated Actual represents a 12-month projection based on data for the period 1 July 2024 to 30 April 2025. The 2025–26 Target/Estimate is set using the first 6 months of 2024–25 actuals and takes into consideration the operational and strategic requirements for each HHS.
7. The 2024–25 Target/Estimate varies from the published *2024–25 Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. The 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 31 March 2025. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
8. The Mental Health 2024–25 Estimated Actual and 2025–26 Target/Estimate differ from the 2024–25 Target/Estimate due to the planned national transition of Community Mental Health Services into Activity Based Funding in 2025–26. Activity targets for Community Mental Health were incorporated into 2024–25 Targets following publication of the *2024–25 Service Delivery Statements*, to support Queensland's preparations for the planned national transition in 2025–26.
9. Ambulatory Mental Health service contact duration 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 30 April 2025.

Staffing

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

Service area	2024–25 Budget	2024–25 Est. Actual	2025–26 Budget
Total FTEs	1,257	1,309	1,314

Income statement

Torres and Cape Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
INCOME			
User charges and fees	325,525	343,037	360,360
Grants and other contributions	24,783	27,850	26,904
Interest and distributions from managed funds	3	3	3
Other revenue	1,442	1,393	1,435
Gains on sale/revaluation of assets	..	..	..
Total income	351,753	372,283	388,702
EXPENSES			
Employee expenses	37,083	36,749	37,887
Supplies and Services:			
Other supplies and services	97,756	109,894	115,550
Department of Health contract staff	184,139	195,176	201,031
Grants and subsidies	..	..	..
Depreciation and amortisation	26,293	28,305	27,877
Finance/borrowing costs	300	430	600
Other expenses	6,027	5,574	5,747
Losses on sale/revaluation of assets	155	155	10
Total expenses	351,753	376,283	388,702
OPERATING SURPLUS/(DEFICIT)	..	(4,000)	..

Balance sheet

Torres and Cape Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CURRENT ASSETS			
Cash assets	49,106	28,036	29,545
Receivables	1,489	1,769	1,856
Other financial assets	..	..	..
Inventories	630	438	449
Other	1,916	3,161	3,161
Non-financial assets held for sale	..	..	..
Total current assets	53,141	33,404	35,011
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	337,859	303,203	309,391
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	337,859	303,203	309,391
TOTAL ASSETS	391,000	336,607	344,402
CURRENT LIABILITIES			
Payables	26,170	23,407	23,882
Accrued employee benefits	3,210	1,669	1,849
Interest bearing liabilities and derivatives	17,065	2,886	4,364
Provisions	..	..	..
Other	37	1	1
Total current liabilities	46,482	27,963	30,096
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	3,604	16,027	12,652
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	3,604	16,027	12,652
TOTAL LIABILITIES	50,086	43,990	42,748
NET ASSETS/(LIABILITIES)	340,914	292,617	301,654
EQUITY			
TOTAL EQUITY	340,914	292,617	301,654

Cash flow statement

Torres and Cape Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	325,488	342,244	360,323
Grants and other contributions	22,621	25,877	24,872
Interest and distribution from managed funds received	3	3	3
Other	6,825	16,959	6,784
Outflows:			
Employee costs	(36,903)	(36,569)	(37,707)
Supplies and services	(286,713)	(314,647)	(321,566)
Grants and subsidies	..	(954)	(83)
Borrowing costs	(300)	(430)	(600)
Other	(3,742)	(12,013)	(3,592)
Net cash provided by or used in operating activities	27,279	20,470	28,434
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	(81)	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	(958)	(1,241)
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	..	(1,039)	(1,241)
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	2,798	5,249	4,090
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	3,083	(3,763)	(1,897)
Equity withdrawals	(26,293)	(28,305)	(27,877)
Net cash provided by or used in financing activities	(20,412)	(26,819)	(25,684)
Net increase/(decrease) in cash held	6,867	(7,388)	1,509
Cash at the beginning of financial year	42,239	35,424	28,036
Cash transfers from restructure	..	..	..
Cash at the end of financial year	49,106	28,036	29,545

Townsville Hospital and Health Service

Overview

The purpose of the Townsville Hospital and Health Service (HHS) is great care every day, and our vision is world-class healthcare for Northern Queensland.

Our strategic objectives are:

- Improved patient care.
- Enhanced patient outcomes.
- Better value care.

The Townsville 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 2025–26, Townsville HHS will:

- contribute to the replanning of the Townsville University Hospital Expansion
- commence the first kidney transplant service in regional Australia
- commission a new state-of-the-art hybrid operating theatre at Townsville University Hospital
- implement a range of initiatives to improve patient flow
- complete a new community health building at the Kirwan Health Campus
- expand virtual care models to provide care closer to home for patients
- strengthen patient care by implementing a workforce plan which enhances the attraction and retention of health workers
- expand the utilisation of robotic surgery
- open CT scanners in Ingham and Charters Towers and complete planning for a new CT scanner in Ayr
- 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

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	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 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%	83%	80%
	75%	73%	75%
	70%	81%	70%
	70%	95%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	63%	>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%	75%	>98%
	>95%	57%	>95%
	>95%	66%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days ³	≤1.0	1.0	≤1.0
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit ⁴	>65%	64.4%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁵	<12%	10.3%	<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%	82%	98%
	..	38%	..
	..	75%	..
Percentage of specialist outpatients seen within clinically recommended times ⁸			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁷ Category 3 (365 days)⁷ 	98%	90%	98%
	..	53%	..
	..	77%	..
Median wait time for treatment in emergency departments (minutes) ^{1,9}	..	13	..
Median wait time for elective surgery treatment (days) ^{2,10}	..	45	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,989	\$6,165	\$6,245

Service standards	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	3,571	3,008	3,885
• Category 2 (90 days)	2,790	1,789	2,763
• Category 3 (365 days)	1,119	900	1,184
Number of Telehealth outpatients service events ¹³	15,424	16,840	16,966
Total weighted activity units (WAU) ^{14,15}			
• Acute Inpatients	106,036	107,934	108,872
• Outpatients	31,792	30,803	36,847
• Sub-acute	14,555	16,126	15,780
• Emergency Department	20,522	21,448	22,009
• Mental Health	7,593	11,714	17,581
• Prevention and Primary Care	2,161	2,357	2,055
Ambulatory mental health service contact duration (hours) ¹⁶	>68,647	45,724	>68,647

Notes:

- Emergency department 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Elective surgery 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2024 and 31 December 2024.
- Mental Health rate of community follow up 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Mental Health readmissions 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Waiting within clinically recommended time is a point in time performance measure. 2024–25 Estimated Actual is as at 30 April 2025.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2024–25 Target/Estimates and 2025–26 Target/Estimates for category 2 and 3 patients are not applicable.
- Seen in time 2024–25 Estimated Actual is for the period 1 July 2024 to 30 April 2025.
- 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 2024–25 Target/Estimate varies from the published 2024–25 Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Elective surgery performed in public hospitals. Treated volume 2024–25 Estimated Actual is a 12-month projection based on the period 1 July 2024 to 30 April 2025.
- The Telehealth 2024–25 Estimated Actual represents a 12-month projection based on data for the period 1 July 2024 to 30 April 2025. The 2025–26 Target/Estimate is set using the first 6 months of 2024–25 actuals and takes into consideration the operational and strategic requirements for each HHS.
- The 2024–25 Target/Estimate varies from the published *2024–25 Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. The 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 31 March 2025. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
- The Mental Health 2024–25 Estimated Actual and 2025–26 Target/Estimate differ from the 2024–25 Target/Estimate due to the planned national transition of Community Mental Health Services into Activity Based Funding in 2025–26. Activity targets for Community Mental Health were incorporated into 2024–25 Targets following publication of the *2024–25 Service Delivery Statements*, to support Queensland's preparations for the planned national transition in 2025–26.
- Ambulatory Mental Health service contact duration 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 30 April 2025.

Staffing

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

Service area	2024–25 Budget	2024–25 Est. Actual	2025–26 Budget
Total FTEs	6,241	6,336	6,378

Income statement

Townsville Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
INCOME			
User charges and fees	1,418,945	1,501,144	1,559,955
Grants and other contributions	39,922	45,015	45,877
Interest and distributions from managed funds	400	550	550
Other revenue	3,436	4,822	3,772
Gains on sale/revaluation of assets	20	20	20
Total income	1,462,723	1,551,551	1,610,174
EXPENSES			
Employee expenses	182,634	193,951	199,798
Supplies and Services:			
Other supplies and services	292,872	340,651	359,232
Department of Health contract staff	879,247	912,009	939,369
Grants and subsidies	126	47	..
Depreciation and amortisation	81,003	84,779	87,772
Finance/borrowing costs	73	187	73
Other expenses	25,668	23,777	22,830
Losses on sale/revaluation of assets	1,100	1,250	1,100
Total expenses	1,462,723	1,556,651	1,610,174
OPERATING SURPLUS/(DEFICIT)	..	(5,100)	..

Balance sheet

Townsville Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CURRENT ASSETS			
Cash assets	65,668	65,686	72,885
Receivables	28,273	42,730	42,741
Other financial assets	..	..	..
Inventories	10,985	12,078	12,078
Other	2,376	3,026	3,085
Non-financial assets held for sale	..	..	..
Total current assets	107,302	123,520	130,789
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	875,110	926,799	905,073
Intangibles	31	2,165	2,134
Other	..	..	..
Total non-current assets	875,141	928,964	907,207
TOTAL ASSETS	982,443	1,052,484	1,037,996
CURRENT LIABILITIES			
Payables	91,893	114,525	120,935
Accrued employee benefits	8,542	3,043	3,043
Interest bearing liabilities and derivatives	643	1,992	2,303
Provisions	..	..	..
Other	1,309	3,171	3,171
Total current liabilities	102,387	122,731	129,452
NON-CURRENT LIABILITIES			
Payables	540	267	267
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	1,432	3,579	3,054
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	1,972	3,846	3,321
TOTAL LIABILITIES	104,359	126,577	132,773
NET ASSETS/(LIABILITIES)	878,084	925,907	905,223
EQUITY			
TOTAL EQUITY	878,084	925,907	905,223

Cash flow statement

Townsville Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	1,417,918	1,500,159	1,558,928
Grants and other contributions	30,590	35,683	36,545
Interest and distribution from managed funds received	400	550	550
Other	19,387	20,773	19,723
Outflows:			
Employee costs	(182,634)	(193,951)	(199,798)
Supplies and services	(1,186,386)	(1,262,686)	(1,308,285)
Grants and subsidies	(126)	(47)	..
Borrowing costs	(73)	(187)	(73)
Other	(16,336)	(14,445)	(13,498)
Net cash provided by or used in operating activities	82,740	85,849	94,092
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	20	(42)	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	(42)	20
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	1,635	1,324	1,073
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(794)	(263)	(214)
Equity withdrawals	(81,003)	(84,779)	(87,772)
Net cash provided by or used in financing activities	(80,162)	(83,718)	(86,913)
Net increase/(decrease) in cash held	2,598	2,089	7,199
Cash at the beginning of financial year	63,070	63,597	65,686
Cash transfers from restructure	..	..	..
Cash at the end of financial year	65,668	65,686	72,885

West Moreton Hospital and Health Service

Overview

The vision of the West Moreton Hospital and Health Service (HHS) 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 *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 2025–26, West Moreton HHS will:

- work with partners to progress the health capital program, including the Stage 2 Ipswich Hospital Expansion and multi-storey car park planned for Ipswich Hospital
- continue to implement, monitor and report on the *West Moreton Health Equity Strategy and Implementation Plan 2025–2028*
- commission the opening of the new health service at Ripley to deliver 90 beds for palliative care, older persons' care, and rehabilitation services
- continue to work with partners and the community on concept designs for upgrades to the existing facilities at Boonah and Laidley hospitals to provide regional communities across to healthcare they need, now and in the future
- partner to reduce the burden of chronic disease and mental illness
- invest in infrastructure, virtual care, and connected systems to improve service delivery
- co-design accessible, clear health information to boost health literacy
- advance health equity by delivering accessible trauma-informed, culturally safe models of care and strengthen coordinated care for priority groups, including First Nations people, older adults, and people with mental illness and/or disabilities
- improve access to child health and preventive services through community partnerships
- expand rural health services enabling care closer to community
- 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	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 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%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	51%	>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%	90%	>98%
	>95%	84%	>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	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%	65.3%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge ⁵	<12%	9.4%	<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 	98%	82%	98%
	..	54%	..
	..	85%	..
Percentage of specialist outpatients seen within clinically recommended times ⁸			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁷ Category 3 (365 days)⁷ 	98%	83%	98%
	..	37%	..
	..	73%	..
Median wait time for treatment in emergency departments (minutes) ^{1,9}	..	15	..
Median wait time for elective surgery treatment (days) ^{2,10}	..	32	..
Efficiency measure			

Service standards	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,800	\$6,151	\$5,953
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	1,787	1,826	1,959
• Category 2 (90 days)	1,306	1,314	1,385
• Category 3 (365 days)	828	534	524
Number of Telehealth outpatients service events ¹³	9,885	8,790	8,400
Total weighted activity units (WAU) ^{14,15}			
• Acute Inpatients	62,466	61,630	67,786
• Outpatients	17,842	19,290	19,309
• Sub-acute	8,276	9,899	12,024
• Emergency Department	22,276	21,291	19,768
• Mental Health	13,921	19,513	22,701
• Prevention and Primary Care	2,924	3,809	2,406
Ambulatory mental health service contact duration (hours) ¹⁶	>52,691	61,719	>52,691

Notes:

- Emergency department 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Elective surgery 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2024 and 31 December 2024.
- Mental Health rate of community follow up 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Mental Health readmissions 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Waiting within clinically recommended time is a point in time performance measure. 2024–25 Estimated Actual is as at 30 April 2025.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2024–25 Target/Estimates and 2025–26 Target/Estimates for category 2 and 3 patients are not applicable.
- Seen in time 2024–25 Estimated Actual is for the period 1 July 2024 to 30 April 2025.
- 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 2024–25 Target/Estimate varies from the published 2024–25 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Elective surgery performed in public hospitals. Treated volume 2024–25 Estimated Actual is a 12-month projection based on the period 1 July 2024 to 30 April 2025.
- The Telehealth 2024–25 Estimated Actual represents a 12-month projection based on data for the period 1 July 2024 to 30 April 2025. The 2025–26 Target/Estimate is set using the first 6 months of 2024–25 actuals and takes into consideration the operational and strategic requirements for each HHS.
- The 2024–25 Target/Estimate varies from the published 2024–25 *Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. The 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 31 March 2025. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
- The Mental Health 2024–25 Estimated Actual and 2025–26 Target/Estimate differ from the 2024–25 Target/Estimate due to the planned national transition of Community Mental Health Services into Activity Based Funding in 2025–26. Activity targets for Community Mental Health were incorporated into 2024–25 Targets following publication of the 2024–25 *Service Delivery Statements*, to support Queensland's preparations for the planned national transition in 2025–26.
- Ambulatory Mental Health service contact duration 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 30 April 2025.

Staffing

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

Service area	2024–25 Budget	2024–25 Est. Actual	2025–26 Budget
Total FTEs	4,693	5,107	5,170

Income statement

West Moreton Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
INCOME			
User charges and fees	1,040,141	1,106,724	1,167,204
Grants and other contributions	11,212	11,413	11,592
Interest and distributions from managed funds	19	47	48
Other revenue	2,280	2,642	2,701
Gains on sale/revaluation of assets	..	..	..
Total income	1,053,652	1,120,826	1,181,545
EXPENSES			
Employee expenses	109,088	123,075	126,151
Supplies and Services:			
Other supplies and services	223,726	258,493	265,537
Department of Health contract staff	660,312	691,963	719,465
Grants and subsidies	385	385	385
Depreciation and amortisation	40,254	46,405	48,926
Finance/borrowing costs	..	..	..
Other expenses	18,179	18,397	19,373
Losses on sale/revaluation of assets	1,708	1,708	1,708
Total expenses	1,053,652	1,140,426	1,181,545
OPERATING SURPLUS/(DEFICIT)	..	(19,600)	..

Balance sheet

West Moreton Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CURRENT ASSETS			
Cash assets	46,241	40,367	45,172
Receivables	7,040	6,550	7,168
Other financial assets	..	..	..
Inventories	5,645	6,371	6,371
Other	1,282	1,199	1,199
Non-financial assets held for sale	..	..	..
Total current assets	60,208	54,487	59,910
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	558,121	518,977	640,005
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	558,121	518,977	640,005
TOTAL ASSETS	618,329	573,464	699,915
CURRENT LIABILITIES			
Payables	77,304	92,341	96,893
Accrued employee benefits	8,580	2,500	3,371
Interest bearing liabilities and derivatives	330	804	846
Provisions	152	152	152
Other	158	63	63
Total current liabilities	86,524	95,860	101,325
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	1,407	3,207	2,252
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	1,407	3,207	2,252
TOTAL LIABILITIES	87,931	99,067	103,577
NET ASSETS/(LIABILITIES)	530,398	474,397	596,338
EQUITY			
TOTAL EQUITY	530,398	474,397	596,338

Cash flow statement

West Moreton Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	1,038,933	1,106,679	1,164,996
Grants and other contributions	4,049	4,250	4,249
Interest and distribution from managed funds received	19	47	48
Other	4,065	14,992	4,483
Outflows:			
Employee costs	(108,572)	(122,559)	(125,280)
Supplies and services	(890,958)	(953,876)	(982,370)
Grants and subsidies	(385)	(385)	(385)
Borrowing costs	..	..	..
Other	(10,996)	(11,214)	(12,010)
Net cash provided by or used in operating activities	36,155	37,934	53,731
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	..	876	913
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	(876)	(913)
Equity withdrawals	(40,254)	(46,405)	(48,926)
Net cash provided by or used in financing activities	(40,254)	(46,405)	(48,926)
Net increase/(decrease) in cash held	(4,099)	(8,471)	4,805
Cash at the beginning of financial year	50,340	48,838	40,367
Cash transfers from restructure	..	..	..
Cash at the end of financial year	46,241	40,367	45,172

Wide Bay Hospital and Health Service

Overview

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

The objectives for the Wide Bay HHS 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* 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 2025–26, Wide Bay HHS will:

- upgrade the Bundaberg Hospital transit hub to create enhanced facilities to increase the physical capacity which includes transit beds, rapid access outpatient clinics and medical infusions, to improve patient flow and Emergency Department access to reduce ramping
- implement new models of care including Putting Queensland Kids First, Diabetes model of care, Acute Care of the Elderly model
- implement a consultation liaison service for individuals with comorbidities of mental illness and intellectual disability across the Wide Bay region
- progress a feasibility project on the provision of a MRI machine at Hervey Bay Hospital
- developing enhanced community mental health facilities at Bundaberg, Childers and Gin Gin
- 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

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	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Effectiveness measures			
Percentage of emergency department patients seen within recommended timeframes ¹			
<ul style="list-style-type: none"> Category 1 (within 2 minutes) Category 2 (within 10 minutes) Category 3 (within 30 minutes) Category 4 (within 60 minutes) Category 5 (within 120 minutes) 	100%	100%	100%
	80%	82%	80%
	75%	57%	75%
	70%	69%	70%
	70%	94%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department ¹	>80%	56%	>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%	94%	>98%
	>95%	94%	>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	1.2	≤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%	7.9%	<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%	64%	98%
	..	48%	..
	..	76%	..
Percentage of specialist outpatients seen within clinically recommended times ⁸			
<ul style="list-style-type: none"> Category 1 (30 days) Category 2 (90 days)⁷ Category 3 (365 days)⁷ 	98%	86%	98%
	..	51%	..
	..	64%	..
Median wait time for treatment in emergency departments (minutes) ^{1,9}	..	18	..
Median wait time for elective surgery treatment (days) ^{2,10}	..	31	..
Efficiency measure			
Average cost per weighted activity unit for Activity Based Funding facilities ¹¹	\$5,869	\$5,635	\$6,024

Service standards	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Other measures			
Number of elective surgery patients treated within clinically recommended times ^{2,12}			
• Category 1 (30 days)	2,472	2,065	2,163
• Category 2 (90 days)	1,702	1,727	1,742
• Category 3 (365 days)	679	733	766
Number of Telehealth outpatients service events ¹³	8,278	10,489	8,940
Total weighted activity units (WAU) ^{14,15}			
• Acute Inpatients	68,961	74,667	76,426
• Outpatients	17,113	20,581	20,318
• Sub-acute	9,209	10,317	9,722
• Emergency Department	23,912	21,417	21,609
• Mental Health	4,010	8,562	12,970
• Prevention and Primary Care	3,173	3,632	2,716
Ambulatory mental health service contact duration (hours) ¹⁶	>34,523	36,272	>34,523

Notes:

- Emergency department 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Elective surgery 2024–25 Estimated Actuals are for the period 1 July 2024 to 30 April 2025.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2024 and 31 December 2024.
- Mental Health rate of community follow up 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Mental Health readmissions 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Waiting within clinically recommended time is a point in time performance measure. 2024–25 Estimated Actual is as at 30 April 2025.
- Given the System's focus on reducing the volume of patients waiting longer than clinically recommended for specialist outpatients, it is expected that higher proportions of patients seen from the waitlist will be long wait patients and the seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the 2024–25 Target/Estimates and 2025–26 Target/Estimates for category 2 and 3 patients are not applicable.
- Seen in time 2024–25 Estimated Actual is for the period 1 July 2024 to 30 April 2025.
- 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 2024–25 Target/Estimate varies from the published *2024–25 Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. 2024–25 Estimated Actuals are for the period 1 July 2024 to 31 March 2025.
- Elective surgery performed in public hospitals. Treated volume 2024–25 Estimated Actual is a 12-month projection based on the period 1 July 2024 to 30 April 2025.
- The Telehealth 2024–25 Estimated Actual represents a 12-month projection based on data for the period 1 July 2024 to 30 April 2025. The 2025–26 Target/Estimate is set using the first 6 months of 2024–25 actuals and takes into consideration the operational and strategic requirements for each HHS.
- The 2024–25 Target/Estimate varies from the published *2024–25 Service Delivery Statement* due to a change in the WAU phase. All measures are reported in QWAU Phase Q27. The 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 31 March 2025. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
- The Mental Health 2024–25 Estimated Actual and 2025–26 Target/Estimate differ from the 2024–25 Target/Estimate due to the planned national transition of Community Mental Health Services into Activity Based Funding in 2025–26. Activity targets for Community Mental Health were incorporated into 2024–25 Targets following publication of the *2024–25 Service Delivery Statements*, to support Queensland's preparations for the planned national transition in 2025–26.
- Ambulatory Mental Health service contact duration 2024–25 Estimated Actual is a 12-month projection based on data for the period 1 July 2024 to 30 April 2025.

Staffing

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

Service area	2024–25 Budget	2024–25 Est. Actual	2025–26 Budget
Total FTEs	3,905	3,905	4,022

Income statement

Wide Bay Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
INCOME			
User charges and fees	929,498	962,946	1,031,428
Grants and other contributions	14,517	13,140	12,250
Interest and distributions from managed funds	21	100	100
Other revenue	7,822	9,770	9,770
Gains on sale/revaluation of assets	10	50	50
Total income	951,868	986,006	1,053,598
EXPENSES			
Employee expenses	116,577	110,677	117,417
Supplies and Services:			
Other supplies and services	199,794	276,522	262,465
Department of Health contract staff	569,209	572,287	607,139
Grants and subsidies	..	..	..
Depreciation and amortisation	32,940	36,371	38,478
Finance/borrowing costs	259	270	270
Other expenses	33,016	30,625	27,599
Losses on sale/revaluation of assets	73	230	230
Total expenses	951,868	1,026,982	1,053,598
OPERATING SURPLUS/(DEFICIT)	..	(40,976)	..

Balance sheet

Wide Bay Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CURRENT ASSETS			
Cash assets	42,357	2,408	6,765
Receivables	22,516	21,728	21,870
Other financial assets	..	..	..
Inventories	5,699	6,089	6,123
Other	1,117	1,269	1,302
Non-financial assets held for sale	..	..	..
Total current assets	71,689	31,494	36,060
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	406,994	413,937	442,159
Intangibles	82	84	18
Other	..	..	..
Total non-current assets	407,076	414,021	442,177
TOTAL ASSETS	478,765	445,515	478,237
CURRENT LIABILITIES			
Payables	90,789	94,746	99,312
Accrued employee benefits	6,738	1,727	1,727
Interest bearing liabilities and derivatives	3,526	4,339	4,293
Provisions	..	..	..
Other	4,664	2,395	2,395
Total current liabilities	105,717	103,207	107,727
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	4,326	4,402	843
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	4,326	4,402	843
TOTAL LIABILITIES	110,043	107,609	108,570
NET ASSETS/(LIABILITIES)	368,722	337,906	369,667
EQUITY			
TOTAL EQUITY	368,722	337,906	369,667

Cash flow statement

Wide Bay Hospital and Health Service	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	929,521	962,812	1,031,294
Grants and other contributions	8,095	6,743	5,853
Interest and distribution from managed funds received	21	100	100
Other	21,813	23,761	23,761
Outflows:			
Employee costs	(116,577)	(110,677)	(117,417)
Supplies and services	(782,046)	(842,833)	(879,334)
Grants and subsidies	..	..	..
Borrowing costs	(259)	(270)	(270)
Other	(26,594)	(24,228)	(21,202)
Net cash provided by or used in operating activities	33,974	15,408	42,785
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	10	50	50
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	10	50	50
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	1,653	1,653	3,605
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	(1,080)	(1,653)	(3,605)
Equity withdrawals	(32,940)	(36,371)	(38,478)
Net cash provided by or used in financing activities	(32,367)	(36,371)	(38,478)
Net increase/(decrease) in cash held	1,617	(20,913)	4,357
Cash at the beginning of financial year	40,740	23,321	2,408
Cash transfers from restructure	..	..	..
Cash at the end of financial year	42,357	2,408	6,765

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 with a purpose to achieve 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 strategic objectives are:

- Support ground-breaking research discoveries.
- Promote a world-class, collaborative and sustainable research environment.
- Conduct impactful medical research.

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

- *Safety where you live*: Supporting vulnerable Queenslanders through impactful mental health research.
- *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 the investment of Queensland Government funding, 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 2025–26, QIMR Berghofer will:

- 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 new research centres, the Don McManus Tropical Research Centre and the National Centre for Spatial Tissue and AI Research
- work to establish QIMR Berghofer Innovations 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.

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 30 June in the respective years.

The Council of the Queensland Institute of Medical Research	2024–25 Budget	2024–25 Est. Actual	2025–26 Budget
Total FTEs	618	614	613

Income statement

Council of the Queensland Institute of Medical Research	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
INCOME			
Taxes	..	..	..
User charges and fees	27,264	29,201	28,721
Grants and other contributions	81,355	77,161	77,161
Interest and distributions from managed funds	8,660	8,744	7,705
Other revenue	262	8,047	5,231
Gains on sale/revaluation of assets	7,000	..	..
Total income	124,541	123,153	118,818
EXPENSES			
Employee expenses	81,091	76,420	76,576
Supplies and services	42,096	46,678	52,633
Grants and subsidies	..	..	..
Depreciation and amortisation	17,021	17,036	18,045
Finance/borrowing costs	..	..	..
Other expenses	8,058	2,516	2,442
Losses on sale/revaluation of assets	..	..	..
Total expenses	148,266	142,650	149,696
OPERATING SURPLUS/(DEFICIT)	(23,725)	(19,497)	(30,878)

Balance sheet

Council of the Queensland Institute of Medical Research	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CURRENT ASSETS			
Cash assets	26,797	35,250	35,462
Receivables	2,952	13,755	15,857
Other financial assets	27,000	41,000	15,000
Inventories	1,304	1,300	1,300
Other	797	995	995
Non-financial assets held for sale	..	..	..
Total current assets	58,850	92,300	68,614
NON-CURRENT ASSETS			
Receivables	1,464	1,771	570
Other financial assets	137,173	160,329	157,829
Property, plant and equipment	319,971	322,767	335,054
Intangibles	527	524	509
Other	232	230	230
Total non-current assets	459,367	485,621	494,192
TOTAL ASSETS	518,217	577,921	562,806
CURRENT LIABILITIES			
Payables	7,695	3,792	4,137
Accrued employee benefits	7,517	8,608	8,708
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	39,699	35,398	35,398
Total current liabilities	54,911	47,798	48,243
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	54,911	47,798	48,243
NET ASSETS/(LIABILITIES)	463,306	530,123	514,563
EQUITY			
TOTAL EQUITY	463,306	530,123	514,563

Cash flow statement

Council of the Queensland Institute of Medical Research	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	26,940	23,739	27,120
Grants and other contributions	81,586	77,161	77,161
Interest and distribution from managed funds received	8,600	9,010	7,705
Taxes	..	1,072	..
Other	262	5,527	4,931
Outflows:			
Employee costs	(81,091)	(75,961)	(76,476)
Supplies and services	(35,294)	(57,572)	(64,236)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(5,613)	(2,990)	(2,802)
Net cash provided by or used in operating activities	(4,610)	(20,014)	(26,597)
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	20,834	44,214	67,000
Loans and advances redeemed	..	..	1,000
Outflows:			
Payments for non-financial assets	(20,968)	(11,487)	(8,691)
Payments for investments	..	(16,043)	(32,500)
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	(134)	16,684	26,809
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	(4,744)	(3,330)	212
Cash at the beginning of financial year	31,541	38,580	35,250
Cash transfers from restructure	..	..	..
Cash at the end of financial year	26,797	35,250	35,462

Queensland Mental Health Commission

Overview

The Queensland Mental Health Commission's (the Commission) vision is 'Queenslanders working together to improve mental health and wellbeing'. The Commission's purpose is to drive ongoing reform toward a more integrated, evidence-based, recovery-orientated mental health, alcohol and other drugs and suicide prevention system in Queensland.

The Commission's strategic objectives include:

- Mental wellbeing – The mental wellbeing of Queenslanders is promoted and proactively supported.
- System reform – System reform is supported and advanced across the mental health, alcohol and other drugs, suicide prevention and related systems.
- Knowledge translation – Reform is grounded in evidence, best practice and knowledge translation.
- Lived-living experience – Lived-living, First Nations and diverse population experience and expertise guide system reform and is embedded in governance.

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

- *Safety where you live*, through promoting early intervention initiatives and engaging with child safety to contribute to systemic change
- *Health services when you need them*, by driving system reform, supporting health service improvements and providing evidence and data
- *A better lifestyle through a stronger economy*, by supporting regional initiatives and investment, and bolstering initiatives that address the social and economic determinants of health, including employment and housing
- *A plan for Queensland's future*, by supporting and preparing young Queenslanders for the future.

Key deliverables

In 2025–26, the Commission will:

- continue to lead whole-of-government implementation, monitoring and evaluation of *Shifting minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan 2023–2028*, *Achieving balance: The Queensland Alcohol and Other Drugs Plan 2022–2027*, *Every Life: The Queensland Suicide Prevention Plan 2019–2029 (Phase Two)* and *The Queensland Trauma Strategy*
- deliver the first phase of a public health campaign and supporting capacity and capability building initiatives to reduce stigma around mental health, alcohol and other drugs, and suicide, in response to the Queensland Mental Health Select Committee Inquiry into opportunities to improve mental health outcomes for Queenslanders
- publish the *Suicide in Queensland Annual Report 2024* and continue to implement reforms to the suicide surveillance system
- work towards establishing a Queensland overdose monitoring system to improve interventions and prevention in Queensland
- support initiatives to develop the broader mental health, alcohol and other drug, and suicide prevention workforce capacity and capability
- develop the Lived-Living Experience (peer) workforce, with a focus on promoting the quality of professional training and development, particularly in rural and remote, and First Nations communities
- work towards establishing a framework for reviewing and enhancing trauma-informed responses across select Queensland Government agencies (such as emergency dispatchers, first responders).

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 reform towards a more integrated, evidence-based, recovery-oriented mental health, alcohol and other drug system in Queensland.

Description

The Commission's functions are to:

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

Service standards	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Effectiveness measures			
Stakeholder satisfaction with:	50%		
<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%	65%
<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%	65%	65%
<ul style="list-style-type: none"> • the range of stakeholders involved in developing and implementing reform. 	50%	50%	50%
Efficiency measure			
Not identified			

Budgeted summary

Staffing

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

Queensland Mental Health Commission	2024–25 Budget	2024–25 Est. Actual	2025–26 Budget
Total FTEs	46	46	46

Income statement

Queensland Mental Health Commission	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
INCOME			
Taxes	..	..	..
User charges and fees	..	..	..
Grants and other contributions	8,847	8,858	8,858
Interest and distributions from managed funds	50	50	50
Other revenue	..	..	..
Gains on sale/revaluation of assets	..	..	..
Total income	8,897	8,908	8,908
EXPENSES			
Employee expenses	3,724	6,764	6,764
Supplies and services	2,637	913	913
Grants and subsidies	2,367	876	876
Depreciation and amortisation	20	20	20
Finance/borrowing costs	..	..	..
Other expenses	149	335	335
Losses on sale/revaluation of assets	..	..	..
Total expenses	8,897	8,908	8,908
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Queensland Mental Health Commission	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CURRENT ASSETS			
Cash assets	13,414	32,837	32,857
Receivables	161	166	166
Other financial assets	..	..	..
Inventories	..	..	..
Other	1	..	..
Non-financial assets held for sale	..	..	..
Total current assets	13,576	33,003	33,023
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	(37)	(20)	(40)
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	(37)	(20)	(40)
TOTAL ASSETS	13,539	32,983	32,983
CURRENT LIABILITIES			
Payables	462	1,012	1,012
Accrued employee benefits	126	160	160
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total current liabilities	588	1,172	1,172
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	588	1,172	1,172
NET ASSETS/(LIABILITIES)	12,951	31,811	31,811
EQUITY			
TOTAL EQUITY	12,951	31,811	31,811

Cash flow statement

Queensland Mental Health Commission	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	..	..	..
Grants and other contributions	8,847	8,858	8,858
Interest and distribution from managed funds received	50	50	50
Taxes	..	..	..
Other	..	..	..
Outflows:			
Employee costs	(3,724)	(6,764)	(6,764)
Supplies and services	(2,637)	(913)	(913)
Grants and subsidies	(2,367)	(876)	(876)
Borrowing costs	..	..	..
Other	(149)	(335)	(335)
Net cash provided by or used in operating activities	20	20	20
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
Outflows:			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
Net cash provided by or used in investing activities	..	..	..
CASH FLOWS FROM FINANCING ACTIVITIES			
Inflows:			
Borrowings	..	..	..
Equity injections	..	..	..
Outflows:			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	..	..	..
Net cash provided by or used in financing activities	..	..	..
Net increase/(decrease) in cash held	20	20	20
Cash at the beginning of financial year	13,394	32,817	32,837
Cash transfers from restructure	..	..	..
Cash at the end of financial year	13,414	32,837	32,857

Office of the Health Ombudsman

Overview

The Office of the Health Ombudsman's (OHO) vision is to be a world class and trusted leader in health complaints management and regulation, driving safety and quality in health services. The OHO's purpose is to protect and support the community through responsive complaints processes and regulatory action, driving positive change and confidence in the health system.

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

- Care – Optimising experiences and outcomes, building confidence in 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.

The OHO contributes to the *Government's objectives for the community*¹ by working to provide *Health services when you need them* by protecting and supporting the community through responsive complaints processes and regulatory action and ensuring that data and learnings from complaints drive service and system improvements. The OHO also contributes to the Government's objective of *Safety where you live* through promoting awareness of the role and obligations of health practitioners in respect of domestic and family violence, taking regulatory action where appropriate against health practitioners who use domestic and family violence, and by providing person-centred, culturally safe and trauma informed services to victims who may have experienced harm through the conduct of health practitioners.

Key deliverables

In 2025–26, the OHO will:

- implement practices to improve responsiveness and effectiveness of the OHO's complaint and regulatory functions
- track the level of demand for its services with continued focus on population groups and communities which may experience barriers in raising health service complaints
- increase the impact of the OHO's work in driving improvements in the safety and quality of health services through the actions taken in response to complaints and other matters and the sharing of data and insights from this work with key stakeholders.

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

Performance statement

Office of the Health Ombudsman

Objective

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

Description

The Office of the Health Ombudsman:

- receives enquiries, complaints and notifications about health services and health service providers, including registered and unregistered health practitioners
- takes relevant action in relation to those complaints including immediate action where necessary to protect the health and safety of the public or where it is in the public interest
- investigates and reports on systemic issues and identifies and recommends opportunities for improvement
- monitors the functions of the Australian Health Practitioner Regulation Agency and the National Boards as they relate to registered practitioners in Queensland
- provides information about minimising and resolving health service complaints.

Service standards	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Effectiveness measures			
Percentage of complaints received and accepted or not accepted within 7 days	90%	97.7%	90%
Percentage of complaints assessed within timeframes ¹	90%	86%	90%
Percentage of complaints resolved within timeframes ¹	100%	97.9%	100%
Percentage of investigations finalised within 12 months ¹	75%	60.7%	75%
Percentage of disciplinary matters in which Queensland Civil and Administrative Tribunal (QCAT) decides there is a case to answer ¹	90%	100%	90%
Percentage of immediate action decisions upheld in QCAT at review hearings ²	90%	50%	90%
Efficiency measure			
Not identified			

Notes:

1. The 2024–25 Estimated Actual is based on data from 1 July 2024–31 March 2025.
2. Between 1 July 2024 and 31 March 2025, two immediate action decisions were made by QCAT. In one matter the immediate action decision was set aside and the second matter the immediate action decision was upheld.

Budgeted summary

Staffing

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

Office of the Health Ombudsman	2024–25 Budget	2024–25 Est. Actual	2025–26 Budget
Total FTEs	140	160	160

Income statement

Office of the Health Ombudsman	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
INCOME			
User charges and fees	..	..	..
Grants and other contributions	32,161	32,161	32,468
Interest and distributions from managed funds	350	350	350
Other revenue	5	5	5
Gains on sale/revaluation of assets	..	..	..
Total income	32,516	32,516	32,823
EXPENSES			
Employee expenses	22,923	27,217	27,014
Supplies and Services:			
Other supplies and services	9,544	5,245	5,754
Department of Health contract staff	..	..	..
Grants and subsidies	..	..	..
Depreciation and amortisation	20	20	20
Finance/borrowing costs	..	..	..
Other expenses	29	34	35
Losses on sale/revaluation of assets	..	..	..
Total expenses	32,516	32,516	32,823
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Office of the Health Ombudsman	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CURRENT ASSETS			
Cash assets	1,456	1,573	1,574
Receivables	654	911	911
Other financial assets	..	..	..
Inventories	..	..	..
Other	136	239	239
Non-financial assets held for sale	..	..	..
Total current assets	2,246	2,723	2,724
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	33	156	136
Intangibles	..	..	..
Other	..	..	..
Total non-current assets	33	156	136
TOTAL ASSETS	2,279	2,879	2,860
CURRENT LIABILITIES			
Payables	824	611	611
Accrued employee benefits	657	681	681
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total current liabilities	1,481	1,292	1,292
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	1,481	1,292	1,292
NET ASSETS/(LIABILITIES)	798	1,587	1,568
EQUITY			
TOTAL EQUITY	798	1,587	1,568

Cash flow statement

Office of the Health Ombudsman	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	(19)	(19)	(19)
Grants and other contributions	32,161	32,161	32,468
Interest and distribution from managed funds received	350	350	350
Other	5	5	5
Outflows:			
Employee costs	(22,923)	(27,217)	(27,014)
Supplies and services	(9,544)	(5,245)	(5,754)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(29)	(34)	(35)
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	1,455	1,572	1,573
Cash transfers from restructure	..	..	..
Cash at the end of financial year	1,456	1,573	1,574

Health and Wellbeing Queensland

Overview

Health and Wellbeing Queensland (HWQld) is a statutory body within the Health portfolio. It functions as the state's prevention agency established to create a healthier future for Queensland.

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

HWQld's strategic objectives are:

- Make a healthier Queensland: implement innovative solutions to improve all Queenslanders' health and wellbeing.
- Champion prevention: coordinate, promote and advocate for prevention to ensure sustainable outcomes.

HWQld contributes to the *Government's objectives for the community*¹ by working to provide *Health services when you need them*. HWQld does this by providing evidence-based, high quality preventive health services that reduce demand for acute healthcare. The agency also contributes to the Government's objective of *A plan for Queensland's future* by delivering preventive health policy and initiatives that help reduce chronic disease in the longer term, keeping Queenslanders healthy. HWQld does this 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 action.

Key deliverables

In 2025–26, HWQld will:

- invest over \$22 million with external partner agencies to deliver high quality and evidence-based prevention programs to support the health and wellbeing of Queenslanders, no matter where they live
- deliver a suite of HWQld-led chronic disease prevention programs that support Queenslanders across the life course, including primary school children and adults
- deliver tailored, targeted communication resources to improve health literacy and promote healthy behaviours
- provide training, tools and resources to support the upskilling of health care professionals in preventive care
- support food security in remote Aboriginal and Torres Strait Islander communities through actions including improving accessibility and availability of healthy food
- support healthy food environments outside of home by delivering the *A Better Choice Strategy* in health settings, sport and recreation facilities, and schools
- deliver grant initiatives, including community and research-based programs, to improve health and wellbeing outcomes for Queenslanders across nutrition, physical activity, sleep, wellbeing, and health equity.

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

Description

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

Service standards	2024–25 Target/Est.	2024–25 Est. Actual	2025–26 Target/Est.
Effectiveness measures			
Percentage of the Queensland population who consume recommended amounts of ¹			
<ul style="list-style-type: none"> fruits vegetables 	47.6% 6.4%	45.7% 5.8%	47.1% 6.0%
Percentage of the Queensland population who engaged in levels of physical activity for health benefit ¹			
<ul style="list-style-type: none"> Persons Male Female 	58.4% 61.0% 55.9%	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"> Adults² Children³ 	30.1% 67.5%	29.2% 58.3%	30.1% 60.0%
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) 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 30 June in the respective years.

Health and Wellbeing Queensland	2024–25 Budget	2024–25 Est. Actual	2025–26 Budget
Total FTEs	69	69	69

Income statement

Health and Wellbeing Queensland	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
INCOME			
Taxes	..	..	..
User charges and fees	..	..	..
Grants and other contributions	49,868	53,482	44,686
Interest and distributions from managed funds	500	1,000	1,000
Other revenue	..	37	5
Gains on sale/revaluation of assets	..	..	..
Total income	50,368	54,519	45,691
EXPENSES			
Employee expenses	11,999	12,395	13,188
Supplies and services	35,454	37,373	29,306
Grants and subsidies	2,091	3,554	2,000
Depreciation and amortisation	680	680	680
Finance/borrowing costs	..	..	..
Other expenses	144	517	517
Losses on sale/revaluation of assets	..	..	..
Total expenses	50,368	54,519	45,691
OPERATING SURPLUS/(DEFICIT)	..	..	..

Balance sheet

Health and Wellbeing Queensland	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CURRENT ASSETS			
Cash assets	10,629	10,107	10,787
Receivables	668	560	560
Other financial assets	..	..	..
Inventories	..	..	..
Other	..	2,867	2,867
Non-financial assets held for sale	..	..	..
Total current assets	11,297	13,534	14,214
NON-CURRENT ASSETS			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	193	213	173
Intangibles	739	1,081	441
Other	..	..	..
Total non-current assets	932	1,294	614
TOTAL ASSETS	12,229	14,828	14,828
CURRENT LIABILITIES			
Payables	484	898	898
Accrued employee benefits	299	314	314
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	1,431	1,431
Total current liabilities	783	2,643	2,643
NON-CURRENT LIABILITIES			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
Total non-current liabilities	..	..	..
TOTAL LIABILITIES	783	2,643	2,643
NET ASSETS/(LIABILITIES)	11,446	12,185	12,185
EQUITY			
TOTAL EQUITY	11,446	12,185	12,185

Cash flow statement

Health and Wellbeing Queensland	2024–25 Budget \$'000	2024–25 Est. Actual \$'000	2025–26 Budget \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
User charges and fees	..	..	..
Grants and other contributions	49,868	53,482	44,686
Interest and distribution from managed funds received	500	1,000	1,000
Taxes	..	..	..
Other	..	37	5
Outflows:			
Employee costs	(11,999)	(12,395)	(13,188)
Supplies and services	(35,454)	(37,373)	(29,306)
Grants and subsidies	(2,091)	(3,554)	(2,000)
Borrowing costs	..	..	..
Other	(144)	(517)	(517)
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	9,949	9,427	10,107
Cash transfers from restructure	..	..	..
Cash at the end of financial year	10,629	10,107	10,787

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: delivery of agreed services administered items adjustment of the government's equity in agencies, including acquiring of capital.
Balance sheet	A financial statement that reports the assets, liabilities and equity of an entity as at a particular date.
Capital	A term used to refer to an entity's stock of assets and the capital grants it makes to other agencies. Assets include property, plant and equipment, intangible items and inventories that an entity owns/controls and uses in the delivery of services.
Cash flow statement	A financial statement reporting the cash inflows and outflows for an entity's operating, investing and financing activities in a particular period.
Controlled Items	Assets, liabilities, revenues and expenses that are controlled by departments. These relate directly to the departmental operational objectives and arise at the discretion and direction of that department.
Depreciation	The periodic allocation of the cost of physical assets, representing the amount of the asset consumed during a specified time.
Equity	Equity is the residual interest in the assets of the entity after deduction of its liabilities. It usually comprises the entity's accumulated surpluses/losses, capital injections and any reserves.
Equity injection	An increase in the investment of the government in a public sector agency.
Financial statements	Collective description of the income statement, the balance sheet and the cash flow statement for an entity's controlled and administered activities.
Income statement	A financial statement highlighting the accounting surplus or deficit of an entity. It provides an indication of whether the entity has sufficient revenue to meet expenses in the current year, including non-cash costs such as depreciation.
Outcomes	Whole-of-government outcomes are intended to cover all dimensions of community wellbeing. They express the current needs and future aspirations of communities, within a social, economic and environment context.
Own-source revenue	Revenue that is generated by an agency, generally through the sale of goods and services, but it may also include some Commonwealth funding.
Priorities	Key policy areas that will be the focus of government activity.
Services	The actions or activities (including policy development) of an agency which contribute to the achievement of the agency's objectives.
Service area	Related services grouped into a high level service area for communicating the broad types of services delivered by an agency.
Service standard	Define a level of performance that is expected to be achieved appropriate for the service area or service. Service standards are measures of efficiency or effectiveness.

