

# DOING WHAT MATTERS FOR QUEENSLAND

QUEENSLAND BUDGET 2024–25



## SERVICE DELIVERY STATEMENTS

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Queensland Health



Queensland  
Government

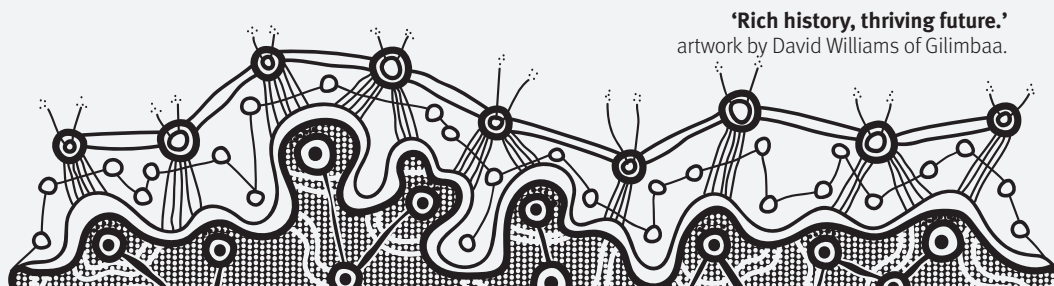
# 2024–25 Queensland Budget Papers

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

The budget papers are available online at [budget.qld.gov.au](http://budget.qld.gov.au)

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### Service Delivery Statements

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**Queensland  
Government**

## **Health Portfolio**

### **Portfolio overview**

**Minister for Health, Mental Health and Ambulance Services and Minister for Women**

The Honourable Shannon Fentiman MP

**Assistant Minister for Health and Regional Health Infrastructure**

The Honourable Brittany Lauga MP

**Department of Health**

Director-General: Michael Walsh

**Queensland Ambulance Services**

Commissioner: Craig Emery

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

**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**

**Health and Wellbeing Queensland**

**Chief Executive Officer: Robyn Littlewood**

Additional information about these agencies can be sourced from:

[health.qld.gov.au](http://health.qld.gov.au)

[ambulance.qld.gov.au](http://ambulance.qld.gov.au)

[qimrberghofer.edu.au](http://qimrberghofer.edu.au)

[qmhc.qld.gov.au](http://qmhc.qld.gov.au)

[oho.qld.gov.au](http://oho.qld.gov.au)

[hw.qld.gov.au](http://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's vision is to be a dynamic, responsive and compassionate health system where our workforce is empowered to provide world-class healthcare to all Queenslanders. *HEALTHQ32: A vision for Queensland's health system* establishes 4 system outcomes, forming key objectives for Queensland Health:

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

To achieve the vision, Queensland Health is focused on lifting capacity and capability across the system to ensure all Queenslanders receive equitable, accessible, and high-quality care when and where it is needed.

During the last 12 months, Queensland Health continued service enhancements through implementation of the *Putting Patients First* Plan to improve patient flow in public hospitals, including through expanded bed capacity and an increased frontline health workforce. Satellite Hospitals in Caboolture, Eight Mile Plains, Redlands, Kallangur, Tugun, and Ripley opened, providing quality healthcare closer to home, and easing pressure on Emergency Departments.

In 2024–25, Queensland Health will take further action to tackle ramping and relieve healthcare pressures through the expansion of the *Putting Patients First* Plan. This strategy is about helping those working in the public health system to manage increasing demand, and includes the following key pillars:

- Keeping patients out of hospital
- Building a modern workforce
- New ways of delivering care
- Building for a growing population
- Providing care closer to home.

Continued investment in hospital expansions and redevelopment projects in 2024–25 will help relieve pressure on the health system. Queensland Health will open an additional Satellite Hospital at Bribie Island and continue implementation of the Capacity Expansion Program and Accelerated Infrastructure Delivery Program to provide additional bed capacity and vital infrastructure for more timely access to planned care services.

In partnership with First Nations people, Queensland Health developed the *First Nations First Strategy 2032* to accelerate the recent reform efforts to achieve health equity and improve the health and wellbeing of First Nations people. The next stage of the *First Nations First Strategy 2032* aims to strengthen capacity and capability across the system and deliver more culturally safe, accessible, and innovative models of care.

The release of the *Queensland Women and Girls' Health Strategy 2032* reaffirms the government's commitment to addressing the unique challenges faced by women and girls in accessing healthcare and improve women's experiences of the healthcare system. In 2024–25, Queensland Health will progress initiatives to address gender-based health inequity as part of the Queensland Government's \$1 billion Investment Plan, including the *Termination of Pregnancy Action Plan 2032* and activities and services that focus on women's health and wellbeing.

Queensland Health will continue to focus on mental illness and mental health through implementation of programs under *Better Care Together: a plan for Queensland's state-funded mental health, alcohol and other drug services to 2027*, and with *Shifting minds: Queensland Mental Health, Alcohol and other Drugs, and Suicide Prevention Strategic Plan 2023–2028* to improve and expand mental health and alcohol and other drugs services across the state. Queensland Health is taking action towards reducing vaping rates in response to *Vaping: An inquiry into reducing rates of e-cigarette use in Queensland*.

Building an empowered, skilled and sustainable health workforce will remain a priority to meet the ongoing growth in demand for frontline services. Actions will focus on supporting and retaining the current workforce, building and attracting new pipelines of talent, and adapting and innovating new ways to deliver. Queensland Health continues to support and attract new workers, particularly to rural and remote Queensland, through the continuation of the *Workforce Attraction Incentive Scheme*, school-based traineeship programs, and supporting the fee-free Free Diploma of Nursing course. Queensland Health will support women in the workforce through the Queensland Government's new Reproductive Leave Policy.

In 2024–25, the Office for Women continues to drive and deliver women's economic security initiatives, collaborating with other agencies across government to improve women's economic security through supporting women in male dominated industries, businesswomen and innovators; and programs to increase women's participation in work. Office for Women is also working across agencies and with other jurisdictions to further embed gender analysis into policy and program development, enhance women's safety health and well-being and promote leadership and participation opportunities for all women. Office for Women also continues to work with and through non-government organisations and communities through grants, sponsorships and partnerships supporting gender equality.

# Budget highlights

In the 2024–25 Queensland Budget, the government is providing:

- additional funding of \$4.393 billion over 4 years from 2024–25 to address ongoing demand and cost pressures and progress initiatives to improve access to healthcare. This additional funding will also support:
  - initiatives to address inequity in health and wellbeing outcomes for First Nations peoples, by putting First Nations First and putting the Queensland Government back on track to Close the Gap by 2031
  - investing in our frontline health workforce now and into the future, with a focus on retaining the current workforce, building and attracting new pipelines of talent, and adapting and innovating new ways to deliver
  - continuing initiatives under the *Putting Patients First* Plan to improve the flow of patients through our public hospitals and reduce patient wait times
  - recruitment of an additional 188 ambulance operatives to deliver ambulance services and an additional 80 specialised positions to drive service delivery improvements and innovative models of care
  - programs to address key health issues for women and girls, including implementation of a statewide sexual assault response service
  - initiatives under *Putting Queensland Kids First* to ensure children have a good start to life and achieve positive health outcomes
  - building a stronger health system, including innovative ways to bring emergency care closer to all Queenslanders and better cancer care services closer to home
  - The rollout of free vaccinations through the Meningococcal B Vaccination Program and Paediatric Respiratory Syncytial Virus (RSV) Prevention Program will protect vulnerable cohorts against immunisation preventable diseases and help to reduce hospitalisations
- additional funding of \$200 million over seven years from 2024–25 to completely redevelop and deliver a contemporary Cooktown Multi-Purpose Health Service facility, including culturally safe services for the local Cook Shire catchment in Far North Queensland
- additional funding of \$60 million over two years from 2024–25 for the Cairns Health and Innovation Centre, which will deliver additional capacity for clinical services within the existing Cairns Hospital Precinct
- increased funding of \$12 million in 2024–25 to replace existing staff accommodation in Torres and Cape Hospital and Health Service to provide appropriate, safe, and fit-for-purpose accommodation
- increased funding of \$30 million in 2024–25 to boost the Queensland Ambulance Service’s capital program.

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	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days <sup>1</sup>	≤1.0	0.7	≤1.0
Percentage of elective surgery patients treated within the clinically recommended times <sup>2</sup>			
• Category 1 (30 days)	>98%	86.8%	>98%
• Category 2 (90 days) <sup>3</sup>	..	73.2%	>95%
• Category 3 (365 days) <sup>3</sup>	..	81.7%	>95%
Median wait time for elective surgery treatment (days) <sup>2</sup>			
• Category 1 (30 days)	..	18	..
• Category 2 (90 days)	..	68	..
• Category 3 (365 days)	..	238	..
• All categories	..	40	..
Percentage of admitted patients discharged against medical advice <sup>4</sup>			
• Non-Aboriginal and Torres Strait Islander patients	0.8%	1.27%	0.8%
• Aboriginal and Torres Strait Islander patients	1.0%	3.13%	1.0%
<b>Efficiency measure</b>			
Average cost per weighted activity unit for Activity Based Funding facilities <sup>5</sup>	\$5,546	\$5,976	\$6,116
<b>Other measures</b>			
Number of elective surgery patients treated within clinically recommended times <sup>2,6</sup>			
• Category 1 (30 days)	55,153	53,119	59,849
• Category 2 (90 days) <sup>3</sup>	..	42,157	53,043
• Category 3 (365 days) <sup>3</sup>	..	24,634	27,626
Total weighted activity units (WAU) – Acute Inpatients <sup>7</sup>	1,513,464	1,541,204	1,567,400

### Notes:

1. Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2023–24 Estimated Actual rate is based on data reported between 1 July 2023 and 31 December 2023.
2. Elective surgery measures 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024.
3. Treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2023–24 due to the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery. The targets have been reinstated for 2024–25.
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 2023–24 Estimated Actual is based on admitted patient data for the period 1 July 2023 to 31 January 2024.

5. The 2023–24 Target/Estimate varies from the published *2023–24 Service Delivery Statements* due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. Estimated Actual is for the period 1 July 2023 to 31 March 2024.
6. Elective surgery performed in public hospitals. Treated volume 2023–24 Estimated Actual is a 12-month projection based on the period 1 July 2023 to 30 April 2024.
7. The 2023–24 Target/Estimate varies from the published *2023–24 Service Delivery Statements* due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. The 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024. 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	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Percentage of specialist outpatients waiting within clinically recommended times <sup>1</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>2</sup></li> <li>Category 3 (365 days)<sup>2</sup></li> </ul>	65% .. ..	58.0% 41.9% 74.8%	65% .. ..
Percentage of specialist outpatients seen within clinically recommended times <sup>3</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>2</sup></li> <li>Category 3 (365 days)<sup>2</sup></li> </ul>	83% .. ..	77.0% 50.5% 68.4%	83% .. ..
<b>Efficiency measures</b>			
Not identified			
<b>Other measures</b>			
Number of Telehealth outpatients service events <sup>4</sup>	318,134	327,800	355,607
Total weighted activity units (WAU) – Outpatients <sup>5</sup>	473,155	502,594	495,521

### Notes:

1. Waiting within clinically recommended time is a point in time performance measure. The 2023–24 Estimated Actual is as at 30 April 2024.
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 targets for category 2 and 3 patients are not applicable.
3. Seen in time 2023–24 Estimated Actual is for the period 1 July 2023 to 30 April 2024.
4. Telehealth 2023–24 Estimated Actual represents a 12-month projection based on data for the period 1 July 2023 to 30 April 2024. The 2024–25 targets are set using the first 6 months of 2023–24 actuals and take into consideration the operational and strategic requirements for each HHS.
5. The 2023–24 Target/Estimate varies from the published 2023–24 *Service Delivery Statements* due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. The 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024. 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	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department <sup>1</sup>	>80%	60.7%	>80%
Percentage of emergency department patients seen within recommended timeframes <sup>1</sup>			
<ul style="list-style-type: none"> <li>Category 1 (within 2 minutes)</li> <li>Category 2 (within 10 minutes)</li> <li>Category 3 (within 30 minutes)</li> <li>Category 4 (within 60 minutes)</li> <li>Category 5 (within 120 minutes)</li> </ul>	100%	99.9%	100%
	80%	68.6%	80%
	75%	67.0%	75%
	70%	78.5%	70%
	70%	92.8%	70%
Percentage of patients transferred off stretcher within 30 minutes <sup>2</sup>	90%	59.7%	90%
Median wait time for treatment in emergency departments (minutes) <sup>1,3</sup>	..	15	..
<b>Efficiency measures</b>			
Not identified			
<b>Other measure</b>			
Total weighted activity units (WAU) – Emergency Department <sup>4</sup>	363,169	337,393	386,134

### Notes:

- Emergency department measures 2023–24 Estimated Actual are for the period 1 July 2023 to 30 April 2024.
- Patient off stretcher 2023–24 Estimated Actual is for the period 1 July 2023 to 30 April 2024.
- There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
- The 2023–24 Target/Estimate varies from the published *2023–24 Service Delivery Statements* due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. The 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.

## Sub and Non-Acute Care

### Objective

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

### Description

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

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Not identified			
<b>Efficiency measures</b>			
Not identified			
<b>Other measure</b>			
Total weighted activity units (WAU) – Sub-acute <sup>1</sup>	171,711	189,812	191,892

Notes:

- The 2023–24 Target/Estimate varies from the published 2023–24 *Service Delivery Statements* due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. The 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024. 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	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Proportion of re-admissions to acute psychiatric care within 28 days of discharge <sup>1</sup>			
• Aboriginal and Torres Strait Islander	<12%	12.0%	<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 <sup>2</sup>			
• Aboriginal and Torres Strait Islander	>65%	58.4%	>65%
• Non-Aboriginal and Torres Strait Islander	>65%	61.6%	>65%
<b>Efficiency measures</b>			
Not identified			
<b>Other measures</b>			
Percentage of the population receiving clinical mental health care <sup>3</sup>	>2.1%	2.1%	>2.1%
Ambulatory mental health service contact duration (hours) <sup>4</sup>	>956,988	764,222	>956,988
Queensland suicide rate (number of deaths by suicide/100,000 population) <sup>5</sup>	..	14.4	..
Total weighted activity units (WAU) – Mental Health <sup>6</sup>	156,985	155,363	158,211

### Notes:

1. Mental Health readmissions 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
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 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
3. Percentage of the population receiving clinical mental healthcare measure 2023–24 Estimated Actual is for the period 1 July 2023 to 30 April 2024.
4. Ambulatory Mental Health service contact duration 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024.
5. Queensland suicide rate is the most recently available (2022 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 2023–24 Target/Estimate varies from the published 2023–24 *Service Delivery Statements* due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. The 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.

# Prevention, Primary and Community Care

## Objective

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

## Description

These services are provided by a range of healthcare professionals in socially appropriate and accessible ways and include health promotion, illness prevention, disease control, immunisation, screening, oral health services, environmental health, research, advocacy and community development, allied health, assessment and care planning and self-management support.

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Percentage of the Queensland population who consume alcohol at risky and high risk levels (2009 guidelines) <sup>1,2</sup>			
• Persons	21.3%	22.0%	..
• Male	31.3%	32.3%	..
• Female	11.8%	12.2%	..
Percentage of the Queensland population who consume alcohol at risky and high risk levels (2020 guidelines) <sup>1,3</sup>			
• Persons	..	36.4%	35.3%
• Male	..	48.9%	47.4%
• Female	..	24.5%	23.8%
Percentage of the Queensland population who smoke daily <sup>1,2</sup>			
• Persons	10.1%	10.1%	9.8%
• Male	11.4%	11.3%	11.0%
• Female	8.8%	8.9%	8.6%
Percentage of the Queensland population who were sunburnt in the last 12 months <sup>1,2</sup>			
• Persons	47.8%	47.8%	46.4%
• Male	53.0%	53.0%	51.4%
• Female	43.0%	42.8%	41.5%
Annual notification rate of HIV infection <sup>4</sup>	<3.0	3.0	<3.0
Vaccination rates at designed milestones for children 1–5 years <sup>5</sup>			
• all children 1 year	95%	92.3%	95%
• all children 2 years	95%	90.8%	95%
• all children 5 years	95%	92.8%	95%
Percentage of target population screened for			
• breast cancer <sup>6</sup>	52.1%	51.3%	52.1%
• cervical cancer	67.6%	67.6%	67.6%
• bowel cancer	42.5%	37.5%	42.5%
Percentage of invasive cancers detected through BreastScreen Queensland that are small (<15mm) in diameter <sup>7</sup>	59.6%	59.7%	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 <sup>8</sup>	1.65	1.69	1.65

<b>Service standards</b>	<b>2023–24 Target/Est.</b>	<b>2023–24 Est. Actual</b>	<b>2024–25 Target/Est.</b>
Percentage of women who, during their pregnancy, were smoking after 20 weeks <sup>9,10</sup>			
• Non-Aboriginal and Torres Strait Islander women	6.0%	5.2%	5.0%
• Aboriginal and Torres Strait Islander women <sup>10</sup>	28.0%	32.7%	28.0%
Percentage of women who attended at least 5 antenatal visits and gave birth at 32 weeks or more gestation <sup>9</sup>			
• Non-Aboriginal and Torres Strait Islander women	98.0%	96.9%	98.0%
• Aboriginal and Torres Strait Islander women <sup>11</sup>	93.0%	89.6%	93.0%
Percentage of babies born of low birth weight to <sup>9</sup>			
• Non-Aboriginal and Torres Strait Islander women	4.6%	5.0%	4.6%
Aboriginal and Torres Strait Islander women	7.3%	10.6%	7.3%
Percentage of public general dental care patients waiting within the recommended timeframe of two years <sup>12</sup>	85%	99.5%	85%
Percentage of oral health Weighted Occasions of Service which are preventative <sup>13</sup>	15%	17.8%	15%
<b>Efficiency measures</b>			
Not identified			
<b>Other measures</b>			
Number of rapid HIV tests performed <sup>14</sup>	6,000	7,149	6,000
Number of adult oral health Weighted Occasions of Service (ages 16+) <sup>15</sup>	2,736,000	2,853,000	2,736,000
Number of children and adolescent oral health Weighted Occasions of Service (0–15 years) <sup>15,16</sup>	1,200,000	903,000	1,200,000
Total weighted activity units (WAU) – Prevention and Primary Care <sup>17</sup>	43,203	45,985	46,106

Notes:

1. The survey measures are population measures from a representative survey sample, and as such there is a year-to-year variation. Point estimates such as these are not indicative of statistical trends.
2. Risky alcohol consumption is based on the 2009 NHMRC alcohol guidelines. To reduce the risk of long-term harm, the 2009 guidelines recommended that adults consume no more than 2 standard drinks per day (14 per week). The most recent results for risky alcohol consumption (2009 guidelines) are from 2022–23 while sunburn and smoking results are from 2023–24. Future reporting will use the 2020 guidelines.
3. 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 (2020 guidelines) are from 2022–23. The 2020 guidelines reduced the amount of alcohol associated with harm from the 2009 guidelines. This change means estimates and targets for the two guidelines are not comparable. Future reporting will use the 2020 guidelines.
4. The annual notification rate of HIV infection 2023–24 Estimated Actual is based on the data during the period 1 January 2023 to 31 December 2023.
5. The vaccination rates 2023–24 Estimated Actual is an estimate based on the coverage during the period 1 March 2023 to 31 March 2024.
6. Participation rates in BreastScreen Queensland program have been falling since 2008–09. The decline is greatest in women aged 50–54 years. This has long term consequences as clients are more likely to screen in the future if they have screened in the past. However, Queensland rates are higher than the national average in 2021–2022 based on latest published data.
7. There is significant random variation in the size of cancer detected from year to year and therefore a 3-year average is used to calculate this measure. The 2023–24 Estimated Actual is based on the 3-year average for financial years 2019–2020 to 2021–2022. The 2024–25 Target/Estimate is based on the 3-year average for financial years 2020–21 to 2022–23, calculated in April 2024.
8. The 2024–25 Target/Estimate is based on a trajectory to achieve PPH parity with other Queenslanders by 2033. The 2023–24 Estimated Actual is based on admitted patient data for the period 1 July 2023 to 31 January 2024.
9. Antenatal services, smoking and low birth weight measures 2023–24 Estimated Actuals are based on perinatal data for the period 1 July 2023 to 29 February 2024.
10. Percentages of smoking in pregnant Aboriginal and Torres Strait Islander women post 20 weeks gestation have been decreasing since 2005–06 when the rate was 51.8 per cent, representing an average decrease of approximately one percentage point per annum.



11. While the 2023–24 Estimated Actual is close to the 2023–24 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.
12. General dental care patients waiting within recommended timeframe 2023–24 Estimated Actual is as at 30 April 2024.
13. Oral Health measures 2023–24 Estimated Actual is based on actual performance from 1 July 2023 to 30 April 2024.
14. The HIV rapid test 2023–24 Estimated Actual is based on the period 1 January 2024 to 31 December 2023.
15. Oral Health measures 2023–24 Estimated Actual is a 12-month projection based on actual performance from 1 July 2023 to 30 April 2024.
16. The 2023–24 Estimated Actual for children and adolescents is lower than the 2023–24 Target/Estimate but is similar to 2022–23 and higher than 2021–22. Child and adolescent activity relates to changes to service delivery models and workforce shortages following the COVID-19 pandemic.
17. The 2023–24 Target/Estimate varies from the published *2023–24 Service Delivery Statements* due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. The 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.

# Office for Women

## Objective

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

## Description

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

<b>Service standards</b>	<b>2023–24 Target/Est.</b>	<b>2023–24 Est. Actual</b>	<b>2024–25 Target/Est.</b>
<b><i>Effectiveness measure</i></b>			
Percentage of women appointed to Queensland Government Boards	50%	54%	50%
<b><i>Efficiency measures</i></b>			
Not identified			

# Health consolidated budget summary

The table below shows the total resources available in 2024–25 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	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CONTROLLED</b>			
<b>Income</b>			
Appropriation revenue <sup>1</sup>	15,379,942	16,379,501	17,173,199
Other revenue	8,772,652	9,196,420	9,537,223
<b>Total income</b>	<b>24,152,594</b>	<b>25,575,921</b>	<b>26,710,422</b>
<b>Expenses</b>			
Inpatient Care	11,346,793	11,906,949	12,368,261
Outpatient Care	2,906,765	3,159,986	3,302,066
Emergency Care	2,605,650	2,770,913	2,906,770
Sub and Non-Acute Care	1,136,265	1,295,036	1,460,467
Mental Health and Alcohol and Other Drug Services	2,335,952	2,391,318	2,488,542
Prevention, Primary and Community Care	2,657,766	2,762,428	2,771,732
Ambulance Services	1,159,551	1,278,338	1,408,423
Office for Women	3,852	3,852	4,161
<b>Total expenses</b>	<b>24,152,594</b>	<b>25,568,821</b>	<b>26,710,422</b>
<b>Operating surplus/(deficit)</b>	<b>..</b>	<b>7,100</b>	<b>..</b>
<b>Net assets</b>	<b>15,442,878</b>	<b>17,076,158</b>	<b>18,250,649</b>
<b>ADMINISTERED</b>			
<b>Revenue</b>			
Commonwealth revenue	..	..	..
Appropriation revenue	57,055	78,292	88,887
Other administered revenue	4	4	4
<b>Total revenue</b>	<b>57,059</b>	<b>78,296</b>	<b>88,891</b>
<b>Expenses</b>			
Transfers to government	..	..	..
Administered expenses	57,059	78,296	88,891
<b>Total expenses</b>	<b>57,059</b>	<b>78,296</b>	<b>88,891</b>
<b>Net assets</b>	<b>..</b>	<b>..</b>	<b>..</b>

Note:

1. Includes state and Australian Government funding.

# Staffing

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

Queensland Health and Hospital and Health Services	2023–24 Budget	2023–24 Est. Actual	2024–25 Budget
<b>Total FTEs</b>	<b>106,743</b>	<b>107,862</b>	<b>110,811</b>

Notes:

1. 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 2024–25, the total capital investment is \$2.167 billion.

Hospital and health facility project highlights in 2024–25 include:

- \$200 million over seven years starting with an \$8 million investment in 2024–25 to completely redevelop and deliver a contemporary Cooktown Multi-Purpose Health Service facility to support modern models of care including maternity, paediatrics, mental health and palliative care, increasing bed numbers by 50 per cent. This redevelopment will also support culturally safe services for the local Cook Shire catchment in Far North Queensland
- \$60 million over two years from 2024–25 for the Cairns Health and Innovation Centre which will deliver additional capacity for clinical services within the existing Cairns Hospital Precinct and provide necessary health education, training and research facilities for future medical professionals in Cairns. The centre will lead to better outcomes for locals and deliver cutting-edge research on the health challenges unique to the Tropics. This initial \$60 million will be used for extensive master planning, design development and land acquisition which will all assist in determining the optimum location for the Cairns Health and Innovation Centre in close proximity to Cairns Hospital
- Part of the budget commits to providing appropriate, safe, and fit-for-purpose accommodation as a key enabler to attract and retain front line service providers in rural and remote areas. In 2022 the (former) Director-General of Queensland Health released the *Rural and Remote Health and Wellbeing Strategy 2022–2027* which identifies a key strategy for Queensland Health as the attraction and retention of staff in rural and remote locations – Investment in 2024–25 of \$12 million for Torres and Cape staff accommodation will support this Strategy
- \$1.152 billion to enhance the Capacity Expansion Program, that will optimise patient flow within hospitals, reduce wait times and improve healthcare delivery. and support delivery of around 2,200 additional beds. The program includes the new Bundaberg, Toowoomba, and Coomera hospitals, the new Queensland Cancer Centre, major hospital expansions at 11 sites across Queensland – including Brisbane, Cairns, Fraser Coast, Gold Coast, Ipswich, Logan, Mackay, Moreton Bay, Robina, Toowoomba, and Townsville
- \$215 million under the Sustaining Capital Program for:
  - Hospital and Health Services and the Department of Health to fund a range of minor capital projects, to efficiently replace and renew Queensland Health's existing asset base to maintain business and service delivery. The program will seek to enhance, optimise, renew, and replace the asset base to ensure facilities and equipment are fit for purpose.
  - Enhancement of ageing rural and regional health facilities and staff accommodation as part of the next stage of the Queensland Health Building Rural and Remote Health Program. Locations include Darling Downs, Cairns and Hinterland, Central Queensland, Mackay, North West, South West, Central West, Torres and Cape, Townsville, West Moreton and Wide Bay Hospital and Health Services
  - Continued funding of the Accelerated Infrastructure Delivery Program with ongoing delivery of the Ripley Sub Acute Expansion and the Gold Coast University Hospital Sub Acute Expansion
- \$97.8 million will be invested in Information Communications and Technology to support safe and efficient frontline services to enable the successful delivery of health care and business services across Queensland.
- \$66.7 million for the planning and initiatives under a new 5-year plan for state-funded Mental Health Alcohol and Other Drug Services – *Better Care Together*
- \$59.4 million as part of the Building Better Hospitals program which includes the Caboolture Hospital Redevelopment Stage 1 (\$31.7 million), the Ipswich Hospital Expansion Stage 1A (\$3.5 million), and the Logan Hospital Expansion and Maternity Services Upgrade (\$24.3 million)
- \$53.2 million in hospital car parking projects to meet increasing demand for parking, including:

- \$43.2 million towards the Prince Charles Hospital Car Park, providing 1,503 car parks
- \$10 million towards the construction of a multi-storey car park at the Queen Elizabeth II Jubilee Hospital which will deliver 1,379 car parks to provide easier and more secure parking for patients, visitors, and staff
- \$6.6 million for the Satellite Hospitals Program, to finalise the program and deliver additional chemotherapy services at the Bribie Island Satellite Hospital
- QAS are investing \$99.5 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. Highlights of the capital program include:
  - \$39.8 million to commission 155 new and replacement ambulance vehicles including the continued rollout of power assisted stretchers incorporating \$1.5 million for the fit out of emergency response vehicles
  - \$14.3 million for the planning, design, and construction phases for the relocation of the Springwood Ambulance Station and Sandgate Ambulance Station and planning works for the replacement of Beenleigh Ambulance Station
  - \$13 million for the planning, design, and construction phases for the redevelopment of the Gold Coast Operations Centre (Coomera) and investigations required for the replacement of Southport Ambulance Station and Pimpama Ambulance Station.

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

	<b>2023–24 Budget \$'000</b>	<b>2023–24 Est. Actual \$'000</b>	<b>2024–25 Budget \$'000</b>
<b>Total capital investment</b>	<b>1,638,431</b>	<b>2,114,113</b>	<b>2,166,612</b>

Notes:

1. Total capital investment in 2023–24 Budget includes \$7.675 million for the Council of the Queensland Institute of Medical Research (QIMR).
2. Total estimated actual expenditure in 2023–24 includes \$25.299 million for the QIMR.
3. Total capital investment in 2024–25 Budget includes \$20.968 million for the QIMR.

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

# Budgeted financial statements

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

## Departmental income statement

2024–25 total expenses are estimated to be \$26.710 billion, representing an increase of \$2.558 billion or 10.6 per cent from the 2023–24 budget.

## Departmental balance sheet

Queensland Health's major assets are in property, plant and equipment (\$18.666 billion), whilst its main liabilities relate to employee benefits (\$1.662 billion) and payables of an operating nature (\$764 million).

# Reporting Entity Financial Statements

Reporting Entity comprises:

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

## Reporting entity income statement

Queensland Health and Hospital and Health Services	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>INCOME</b>			
Appropriation revenue	15,379,942	16,379,501	17,173,199
Taxes	..	..	..
User charges and fees	1,730,235	1,875,816	1,857,320
Royalties and land rents	..	..	..
Grants and other contributions	6,936,298	7,202,616	7,563,044
Interest and distributions from managed funds	4,551	5,579	5,427
Other revenue	99,576	110,083	109,446
Gains on sale/revaluation of assets	1,992	2,326	1,986
<b>Total income</b>	<b>24,152,594</b>	<b>25,575,921</b>	<b>26,710,422</b>
<b>EXPENSES</b>			
Employee expenses	15,926,695	16,610,491	17,606,571
Supplies and services	6,690,713	7,171,788	7,246,303
Grants and subsidies	96,550	124,358	154,118
Depreciation and amortisation	1,078,286	1,282,703	1,299,591
Finance/borrowing costs	49,664	50,843	51,793
Other expenses	288,132	297,574	323,708
Losses on sale/revaluation of assets	22,554	31,064	28,338
<b>Total expenses</b>	<b>24,152,594</b>	<b>25,568,821</b>	<b>26,710,422</b>
Income tax expense/revenue	..	..	..
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>..</b>	<b>7,100</b>	<b>..</b>

# Reporting entity balance sheet

Queensland Health and Hospital and Health Services	2023–24 Adjusted Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CURRENT ASSETS</b>			
Cash assets	1,085,272	1,244,960	1,296,518
Receivables	971,668	890,952	916,843
Other financial assets	..	..	..
Inventories	348,344	318,000	325,184
Other	126,041	140,750	143,667
Non-financial assets held for sale	..	..	..
<b>Total current assets</b>	<b>2,531,325</b>	<b>2,594,662</b>	<b>2,682,212</b>
<b>NON-CURRENT ASSETS</b>			
Receivables	78,156	81,829	73,455
Other financial assets	70,133	69,425	69,425
Property, plant and equipment	15,703,502	17,495,494	18,665,961
Deferred tax assets	..	..	..
Intangibles	440,858	306,583	283,183
Other	29,821	743	743
<b>Total non-current assets</b>	<b>16,322,470</b>	<b>17,954,074</b>	<b>19,092,767</b>
<b>TOTAL ASSETS</b>	<b>18,853,795</b>	<b>20,548,736</b>	<b>21,774,979</b>
<b>CURRENT LIABILITIES</b>			
Payables	828,381	770,668	763,864
Current tax liabilities	..	..	..
Accrued employee benefits	1,426,180	1,556,270	1,662,391
Interest bearing liabilities and derivatives	58,594	60,916	67,162
Provisions	134	152	152
Other	49,396	27,344	27,878
<b>Total current liabilities</b>	<b>2,362,685</b>	<b>2,415,350</b>	<b>2,521,447</b>
<b>NON-CURRENT LIABILITIES</b>			
Payables	267	553	540
Deferred tax liabilities	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	927,519	939,961	889,367
Provisions	..	..	..
Other	120,446	116,714	112,976
<b>Total non-current liabilities</b>	<b>1,048,232</b>	<b>1,057,228</b>	<b>1,002,883</b>
<b>TOTAL LIABILITIES</b>	<b>3,410,917</b>	<b>3,472,578</b>	<b>3,524,330</b>
<b>NET ASSETS/(LIABILITIES)</b>	<b>15,442,878</b>	<b>17,076,158</b>	<b>18,250,649</b>
<b>EQUITY</b>			
<b>TOTAL EQUITY</b>	<b>15,442,878</b>	<b>17,076,158</b>	<b>18,250,649</b>



# Reporting entity cash flow statement

Queensland Health and Hospital and Health Services	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Inflows:</b>			
Appropriation receipts	15,373,713	16,064,280	17,172,970
User charges and fees	1,697,712	1,884,526	1,852,530
Royalties and land rent receipts	..	..	..
Grants and other contributions	6,838,029	7,279,444	7,450,201
Interest and distribution from managed funds received	4,551	5,579	5,427
Taxes	..	..	..
Other	696,819	727,894	744,086
<b>Outflows:</b>			
Employee costs	(15,834,959)	(16,989,198)	(17,512,230)
Supplies and services	(7,208,356)	(7,668,327)	(7,801,399)
Grants and subsidies	(97,701)	(125,944)	(154,108)
Borrowing costs	(49,360)	(50,539)	(51,555)
Taxation equivalents paid	..	..	..
Other	(305,050)	(306,427)	(340,786)
<b>Net cash provided by or used in operating activities</b>	<b>1,115,398</b>	<b>821,288</b>	<b>1,365,136</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Inflows:</b>			
Sales of non-financial assets	2,725	2,630	2,786
Investments redeemed	..	..	..
Loans and advances redeemed	4,933	6,259	4,413
<b>Outflows:</b>			
Payments for non-financial assets	(1,630,363)	(2,070,288)	(2,143,798)
Payments for investments	..	..	..
Loans and advances made	..	(2)	..
<b>Net cash provided by or used in investing activities</b>	<b>(1,622,705)</b>	<b>(2,061,401)</b>	<b>(2,136,599)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Inflows:</b>			
Borrowings	..	..	..
Equity injections	1,377,316	1,991,210	1,966,770
Appropriated equity injections	1,377,316	1,991,210	1,966,770
Non-appropriated equity injections	..	..	..
<b>Outflows:</b>			
Borrowing redemptions	(11,636)	(11,636)	(12,611)
Finance lease payments	(40,526)	(33,497)	(34,080)
Equity withdrawals	(875,141)	(1,171,886)	(1,094,929)
Appropriated equity withdrawals	(875,141)	(1,171,886)	(1,094,929)
Non-appropriated equity withdrawals	..	..	..
Dividends paid	..	..	..
<b>Net cash provided by or used in financing activities</b>	<b>450,013</b>	<b>774,191</b>	<b>825,150</b>
<b>Net increase/(decrease) in cash held</b>	<b>(57,294)</b>	<b>(465,922)</b>	<b>53,687</b>
<b>Cash at the beginning of financial year</b>	<b>1,142,566</b>	<b>1,710,882</b>	<b>1,244,960</b>
Cash transfers from restructure	..	..	(2,129)
<b>Cash at the end of financial year</b>	<b>1,085,272</b>	<b>1,244,960</b>	<b>1,296,518</b>

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

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

The department's strategic objectives, as identified in the *Department of Health Strategic Plan 2021–2025 (2024 Update)*, reflect the seven system priorities of *HEALTHQ32* and the corresponding system strategies that set the future direction for Queensland's health system:

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

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

A focus of the reform agenda will be supporting improvements to ambulance responsiveness, waiting times for emergency care, surgery and specialist clinics, and advancing health equity through targeted investment in First Nations healthcare, women's healthcare, and mental healthcare.

### Contribution to the government's objectives for the community

The department supports the government's objectives for the community<sup>1</sup>:

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

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<sup>1</sup> To find out more, go to [www.qld.gov.au](http://www.qld.gov.au) and search "government's objectives for the community."

## Key deliverables

In 2024–25, the department will:

- continue to lead the system-wide reform agenda through progressing implementation of strategies under *HEALTHQ32* to improve access, equity, and quality of patient care, while enabling sustainable service delivery
- continue to lead the capital program to support a 15-year pipeline of priorities and infrastructure projects for Queensland Health incorporating: the delivery of the Satellite Hospitals, Capacity Expansion Program (delivery of 2,220 beds between 2024 and 2028); the Accelerated Infrastructure Delivery Program (delivery of 289 beds); and the Building Rural and Remote Health Program (including delivery of the Staff Accommodation Program)
- develop the *Queensland Cancer Plan* to guide cancer care over the next 10 years, with a priority to establish an interconnected network of services across the state that enables increased access to care closer to patients' homes, where clinically appropriate, and improve the experience of both patients and caregivers
- implement the *Research Strategy 2032* to build upon Queensland Health's research strengths to address complex challenges and translate research and innovation into effective and efficient healthcare delivery
- finalise the *Health Workforce Strategy for Queensland to 2032* to build a supported workforce to deliver high-quality healthcare across the state, including through upskilling and professional development and redesigning workforce models to address workforce shortages
- continue the rollout of midwife-to-patient ratios in Queensland maternity wards and legislated changes to improve access to termination of pregnancy services
- support the digital health transformation to create efficiency and embed technology into the system, enabling innovative models of care that delivers improved health outcomes through better access to services
- partner with health services, clinicians, and consumers to drive measurable improvements in patient care through a continual pursuit for excellence
- continue to improve transparency of performance reporting across the 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	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Percentage of Wide Area Network (WAN) availability across the state <sup>1</sup>			
• Metro	99.8%	99.82%	99.8%
• Regional	95.7%	99.81%	95.7%
• Remote	92.0%	98.72%	92.0%
Percentage of high level ICT incidents resolved within specified timeframes <sup>2</sup>			
• Priority 1	80%	71.43%	80%
• Priority 2	80%	67.92%	80%
<b>Efficiency measures</b>			
Percentage of capital infrastructure projects delivered on budget and within time and scope within a 5% unfavourable tolerance <sup>3</sup>	95%	82%	95%
Percentage of correct, on time pays <sup>4</sup>	98%	99.76%	98%
<b>Other measures</b>			
Percentage of initiatives with a status reported as "action required" (Red) <sup>5,6</sup>	<15%	4%	<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 <sup>7</sup>	100%	100%	100%

#### Notes:

1. The Wide Area Network (WAN) 2023–24 Estimated Actual represents average monthly availability across the period from April 2023 to April 2024.
2. The high-level ICT incidents resolved 2023–24 Estimated Actual is calculated across the period 1 July 2023 to 10 April 2024. The 2023–24 Estimated Actual result is mostly attributed to high-level ICT incidents pending external 3rd party vendor and Telecommunications provider support resolution. This is particularly the case for Queensland Health faults affecting regional, rural and remote facilities, where these facilities often present inherent difficulties in 3rd parties and Telecommunication Carriers ability to attend sites and restore services within specified timeframes. Fault complexity requiring intensive diagnosis and resolution also contributed. Improvement initiatives to continuity of service are ongoing. Figures include downgraded incidents.
3. The percentage of capital infrastructure projects delivered on budget and within time 2023–24 Estimated Actual is based on data as at April 2024. Projects continue to be affected by cost escalation and resourcing factors, as well as weather conditions hampering delivery.
4. Payroll Transactional Services reports the service standard by pay period. The current actual percentage is based on pay period 01\_23/24 (05 July 2023) to current pay period 23\_23/24 (8 May 2024).

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 2023–24 Estimated actual percentage is based on the January 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 the 30 June in the respective years.

Service area	2023–24 Budget	2023–24 Est. Actual	2024–25 Budget
Department of Health	8,689	9,443	9,560
Queensland Ambulance Service	5,556	5,580	5,894
<b>Total FTEs</b>	<b>14,245</b>	<b>15,023</b>	<b>15,454</b>

Notes:

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

# Controlled income statement

Queensland Health	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>INCOME</b>			
Appropriation revenue	15,379,942	16,379,501	17,173,199
Taxes	..	..	..
User charges and fees	13,471,786	14,469,119	15,032,323
Royalties and land rents	..	..	..
Grants and other contributions	6,696,348	6,922,822	7,279,923
Interest and distributions from managed funds	2,035	431	360
Other revenue	17,606	23,459	24,201
Gains on sale/revaluation of assets	900	1,171	909
<b>Total income</b>	<b>35,568,617</b>	<b>37,796,503</b>	<b>39,510,915</b>
<b>EXPENSES</b>			
Employee expenses	13,698,409	14,692,314	15,268,015
Supplies and services	21,673,545	22,775,429	23,871,067
Grants and subsidies	89,217	104,184	136,118
Depreciation and amortisation	51,860	165,948	177,215
Finance/borrowing costs	904	2,874	2,874
Other expenses	52,939	51,289	51,906
Losses on sale/revaluation of assets	1,743	4,465	3,720
<b>Total expenses</b>	<b>35,568,617</b>	<b>37,796,503</b>	<b>39,510,915</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>..</b>	<b>..</b>	<b>..</b>

# Controlled balance sheet

Queensland Health	2023–24 Adjusted Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CURRENT ASSETS</b>			
Cash assets	315,451	360,075	376,197
Receivables	1,709,075	1,846,885	1,926,912
Other financial assets	..	..	..
Inventories	221,162	184,357	190,588
Other	59,703	82,112	83,767
Non-financial assets held for sale	..	..	..
<b>Total current assets</b>	<b>2,305,391</b>	<b>2,473,429</b>	<b>2,577,464</b>
<b>NON-CURRENT ASSETS</b>			
Receivables	78,370	81,829	73,455
Other financial assets	70,133	69,425	69,425
Property, plant and equipment	2,211,952	2,972,779	3,228,994
Intangibles	419,722	293,874	270,584
Other	29,026	..	..
<b>Total non-current assets</b>	<b>2,809,203</b>	<b>3,417,907</b>	<b>3,642,458</b>
<b>TOTAL ASSETS</b>	<b>5,114,594</b>	<b>5,891,336</b>	<b>6,219,922</b>
<b>CURRENT LIABILITIES</b>			
Payables	539,894	534,475	542,964
Accrued employee benefits	1,363,630	1,451,937	1,548,594
Interest bearing liabilities and derivatives	2,660	1,876	1,967
Provisions	..	..	..
Other	373	1,668	1,914
<b>Total current liabilities</b>	<b>1,906,557</b>	<b>1,989,956</b>	<b>2,095,439</b>
<b>NON-CURRENT LIABILITIES</b>			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	58,815	58,615	56,703
Provisions	..	..	..
Other	59	..	..
<b>Total non-current liabilities</b>	<b>58,874</b>	<b>58,615</b>	<b>56,703</b>
<b>TOTAL LIABILITIES</b>	<b>1,965,431</b>	<b>2,048,571</b>	<b>2,152,142</b>
<b>NET ASSETS/(LIABILITIES)</b>	<b>3,149,163</b>	<b>3,842,765</b>	<b>4,067,780</b>
<b>EQUITY</b>			
<b>TOTAL EQUITY</b>	<b>3,149,163</b>	<b>3,842,765</b>	<b>4,067,780</b>



# Controlled cash flow statement

Queensland Health	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Inflows:</b>			
Appropriation receipts	15,373,713	16,064,280	17,172,970
User charges and fees	13,382,137	14,640,470	14,975,452
Royalties and land rent receipts	..	..	..
Grants and other contributions	6,597,045	7,000,351	7,167,352
Interest and distribution from managed funds received	2,035	431	360
Taxes	..	..	..
Other	377,467	408,513	409,134
<b>Outflows:</b>			
Employee costs	(13,585,948)	(14,996,830)	(15,183,138)
Supplies and services	(21,939,123)	(23,103,663)	(24,145,456)
Grants and subsidies	(89,217)	(104,184)	(136,118)
Borrowing costs	(904)	(2,874)	(2,874)
Other	(58,117)	(93,431)	(57,807)
<b>Net cash provided by or used in operating activities</b>	<b>59,088</b>	<b>(186,937)</b>	<b>199,875</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Inflows:</b>			
Sales of non-financial assets	1,650	1,910	1,659
Investments redeemed	..	..	..
Loans and advances redeemed	4,933	6,259	4,413
<b>Outflows:</b>			
Payments for non-financial assets	(1,619,376)	(2,048,592)	(2,132,051)
Payments for investments	..	..	..
Loans and advances made	..	..	..
<b>Net cash provided by or used in investing activities</b>	<b>(1,612,793)</b>	<b>(2,040,423)</b>	<b>(2,125,979)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Inflows:</b>			
Borrowings	..	..	..
Equity injections	2,403,742	3,111,256	3,089,146
Appropriated equity injections	1,377,316	1,991,210	1,966,770
Non-appropriated equity injections	1,026,426	1,120,046	1,122,376
<b>Outflows:</b>			
Borrowing redemptions	..	..	..
Finance lease payments	(4,085)	(1,676)	(1,821)
Equity withdrawals	(921,498)	(1,223,998)	(1,142,970)
Appropriated equity withdrawals	(875,141)	(1,171,886)	(1,094,929)
Non-appropriated equity withdrawals	(46,357)	(52,112)	(48,041)
<b>Net cash provided by or used in financing activities</b>	<b>1,478,159</b>	<b>1,885,582</b>	<b>1,944,355</b>
<b>Net increase/(decrease) in cash held</b>	<b>(75,546)</b>	<b>(341,778)</b>	<b>18,251</b>
<b>Cash at the beginning of financial year</b>	<b>390,997</b>	<b>701,853</b>	<b>360,075</b>
Cash transfers from restructure	..	..	(2,129)
<b>Cash at the end of financial year</b>	<b>315,451</b>	<b>360,075</b>	<b>376,197</b>

# Administered income statement

Queensland Health	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>INCOME</b>			
Appropriation revenue	57,055	78,292	88,887
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	..	..	..
<b>Total income</b>	<b>57,059</b>	<b>78,296</b>	<b>88,891</b>
<b>EXPENSES</b>			
Employee expenses	..	..	..
Supplies and services	..	..	..
Grants and subsidies	57,059	78,296	88,891
Depreciation and amortisation	..	..	..
Finance/borrowing costs	..	..	..
Other expenses	..	..	..
Losses on sale/revaluation of assets	..	..	..
Transfers of Administered Revenue to Government	..	..	..
<b>Total expenses</b>	<b>57,059</b>	<b>78,296</b>	<b>88,891</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>..</b>	<b>..</b>	<b>..</b>

# Administered balance sheet

Queensland Health	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CURRENT ASSETS</b>			
Cash assets	2	12	12
Receivables	..	..	..
Other financial assets	..	..	..
Inventories	..	..	..
Other	..	..	..
Non-financial assets held for sale	..	..	..
<b>Total current assets</b>	<b>2</b>	<b>12</b>	<b>12</b>
<b>NON-CURRENT ASSETS</b>			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	..	..	..
Intangibles	..	..	..
Other	..	..	..
<b>Total non-current assets</b>	<b>..</b>	<b>..</b>	<b>..</b>
<b>TOTAL ASSETS</b>	<b>2</b>	<b>12</b>	<b>12</b>
<b>CURRENT LIABILITIES</b>			
Payables	1	..	..
Transfers to Government payable	1	12	12
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
<b>Total current liabilities</b>	<b>2</b>	<b>12</b>	<b>12</b>
<b>NON-CURRENT LIABILITIES</b>			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
<b>Total non-current liabilities</b>	<b>..</b>	<b>..</b>	<b>..</b>
<b>TOTAL LIABILITIES</b>	<b>2</b>	<b>12</b>	<b>12</b>
<b>NET ASSETS/(LIABILITIES)</b>	<b>..</b>	<b>..</b>	<b>..</b>
<b>EQUITY</b>			
<b>TOTAL EQUITY</b>	<b>..</b>	<b>..</b>	<b>..</b>

# Administered cash flow statement

Queensland Health	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Inflows:</b>			
Appropriation receipts	57,055	78,292	88,887
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
<b>Outflows:</b>			
Employee costs	..	..	..
Supplies and services	..	..	..
Grants and subsidies	(57,059)	(78,296)	(88,891)
Borrowing costs	..	..	..
Other	..	..	..
Transfers to Government	..	..	..
<b>Net cash provided by or used in operating activities</b>	<b>..</b>	<b>..</b>	<b>..</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Inflows:</b>			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
<b>Outflows:</b>			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
<b>Net cash provided by or used in investing activities</b>	<b>..</b>	<b>..</b>	<b>..</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Inflows:</b>			
Borrowings	..	..	..
Equity injections	..	..	..
Appropriated equity injections	..	..	..
Non-appropriated equity injections	..	..	..
<b>Outflows:</b>			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	..	..	..
Appropriated equity withdrawals	..	..	..
Non-appropriated equity withdrawals	..	..	..
<b>Net cash provided by or used in financing activities</b>	<b>..</b>	<b>..</b>	<b>..</b>
<b>Net increase/(decrease) in cash held</b>	<b>..</b>	<b>..</b>	<b>..</b>
<b>Cash at the beginning of financial year</b>	<b>2</b>	<b>12</b>	<b>12</b>
Cash transfers from restructure	..	..	..
<b>Cash at the end of financial year</b>	<b>2</b>	<b>12</b>	<b>12</b>

# 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.

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

The QAS delivers ambulance services from 308 response locations across Queensland. Statewide ambulance services are coordinated through operations centres. There are 8 operations centres throughout Queensland that are responsible for emergency call taking, operational deployment and dispatch and coordination of non-urgent patient transport services.

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

The QAS continues to build the capacity and capability of the workforce to meet the Queensland Government's commitment for an additional 735 ambulance operatives, during this term of government, to meet continuing growth in demand for ambulance services and pre-hospital emergency medical care.

### Key deliverables

In 2024–25, the QAS will:

- recruit an additional 188 ambulance operatives, to provide the Queensland community with increased frontline ambulance services and greater access to emergency healthcare
- invest in 80 specialised positions to enhance health access and patient outcomes through the continued implementation of innovative programs, including the QAS Clinical Hub and Falls Co-responder program
- undertake planning, design, and construction phases for the redevelopment of the Gold Coast Operations Centre at Coomera, and preliminary planning work for the replacement of the Southport Ambulance Station and the Pimpama Ambulance Station
- commence construction phases for the relocation of the Springwood Ambulance Station and the Sandgate Ambulance Station, and planning works for the replacement of the Beenleigh Ambulance Station
- commission 155 new and replacement ambulance vehicles, including the continued rollout of power assisted stretchers
- invest in information and communications technology, for critical communications equipment and systems to enhance patient care and service delivery.

# Performance statement

## Ambulance Services

### Objective

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

### Description

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

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Time within which code 1 incidents are attended – 50th percentile response time (minutes) <sup>1</sup>			
• Code 1A	8.2	8.5	8.2
• Code 1B	8.2	11.6	8.2
• Code 1C	8.2	13.3	8.2
Time within which code 1 incidents are attended – 90th percentile response time (minutes) <sup>1</sup>			
• Code 1A	16.5	17.3	16.5
• Code 1B	16.5	23.1	16.5
• Code 1C	16.5	26.1	16.5
Percentage of Triple Zero (000) calls answered within 10 seconds <sup>1</sup>	90%	91.67%	90%
Percentage of non-urgent incidents attended to by the appointment time <sup>1</sup>	70%	78.6%	70%
Percentage of patients who report a clinically meaningful pain reduction <sup>1</sup>	85%	79.3%	85%
Patient experience <sup>2</sup>	97%	97%	97%
<b>Efficiency measures</b>			
Gross cost per incident <sup>3</sup>	\$896	\$994	\$1,049
Percentage of calls to 13 HEALTH answered within 20 seconds <sup>4</sup>	80%	79%	80%

#### Notes:

1. The 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024.
2. The 2023–24 Estimated Actual for the patient experience percentage is reported from the 2021–22 performance in the Council of Ambulance Authorities (CAA) Report released in September 2023.
3. The variance between the 2023–24 Estimated Actual and 2023–24 Target/Estimate reflects additional costs associated with Enterprise Bargaining (EB), Cost of Living Adjustment (COLA), New Superannuation Arrangements and an additional 200 frontline staff enhancements. These funds were held centrally with Queensland Health until September 2023 Forward Estimates and not reflected in the 2023–24 Service Delivery Statements.
4. The 2023–24 Estimated Actual is based on the period 1 July 2023 to 28 May 2024.

# Controlled income statement

Queensland Ambulance Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>INCOME</b>			
Appropriation revenue	1,079,278	1,200,210	1,330,486
Taxes	..	..	..
User charges and fees	45,498	42,322	43,203
Royalties and land rents	..	..	..
Grants and other contributions	32,675	33,795	33,024
Interest and distributions from managed funds	..	..	..
Other revenue	1,200	840	801
Gains on sale/revaluation of assets	900	1,171	909
<b>Total income</b>	<b>1,159,551</b>	<b>1,278,338</b>	<b>1,408,423</b>
<b>EXPENSES</b>			
Employee expenses	966,881	1,022,366	1,121,555
Supplies and services	137,769	199,512	228,212
Grants and subsidies	..	..	..
Depreciation and amortisation	43,799	43,799	45,316
Finance/borrowing costs	..	..	..
Other expenses	9,359	9,381	9,620
Losses on sale/revaluation of assets	1,743	3,280	3,720
<b>Total expenses</b>	<b>1,159,551</b>	<b>1,278,338</b>	<b>1,408,423</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>..</b>	<b>..</b>	<b>..</b>

# Controlled balance sheet

Queensland Ambulance Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CURRENT ASSETS</b>			
Cash assets	72,469	82,039	82,210
Receivables	36,394	37,557	38,271
Other financial assets	..	..	..
Inventories	..	..	..
Other	3,892	4,727	4,727
Non-financial assets held for sale	..	..	..
<b>Total current assets</b>	<b>112,755</b>	<b>124,323</b>	<b>125,208</b>
<b>NON-CURRENT ASSETS</b>			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	669,931	717,466	762,360
Intangibles	7,687	6,048	10,681
Other	..	..	..
<b>Total non-current assets</b>	<b>677,618</b>	<b>723,514</b>	<b>773,041</b>
<b>TOTAL ASSETS</b>	<b>790,373</b>	<b>847,837</b>	<b>898,249</b>
<b>CURRENT LIABILITIES</b>			
Payables	20,168	21,307	21,307
Accrued employee benefits	42,889	66,164	69,436
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	373	910	910
<b>Total current liabilities</b>	<b>63,430</b>	<b>88,381</b>	<b>91,653</b>
<b>NON-CURRENT LIABILITIES</b>			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
<b>Total non-current liabilities</b>	<b>..</b>	<b>..</b>	<b>..</b>
<b>TOTAL LIABILITIES</b>	<b>63,430</b>	<b>88,381</b>	<b>91,653</b>
<b>NET ASSETS/(LIABILITIES)</b>	<b>726,943</b>	<b>759,456</b>	<b>806,596</b>
<b>EQUITY</b>			
<b>TOTAL EQUITY</b>	<b>726,943</b>	<b>759,456</b>	<b>806,596</b>



# Controlled cash flow statement

Queensland Ambulance Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Inflows:</b>			
Appropriation receipts	1,079,278	1,230,465	1,330,486
User charges and fees	43,755	39,042	39,483
Royalties and land rent receipts	..	..	..
Grants and other contributions	25,266	26,306	25,453
Interest and distribution from managed funds received	..	..	..
Taxes	..	..	..
Other	1,200	840	801
<b>Outflows:</b>			
Employee costs	(962,653)	(1,018,197)	(1,118,997)
Supplies and services	(137,769)	(199,512)	(228,212)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(1,950)	(1,892)	(2,049)
<b>Net cash provided by or used in operating activities</b>	<b>47,127</b>	<b>77,052</b>	<b>46,965</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Inflows:</b>			
Sales of non-financial assets	1,650	1,921	1,659
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
<b>Outflows:</b>			
Payments for non-financial assets	(105,325)	(104,297)	(99,548)
Payments for investments	..	..	..
Loans and advances made	..	..	..
<b>Net cash provided by or used in investing activities</b>	<b>(103,675)</b>	<b>(102,376)</b>	<b>(97,889)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Inflows:</b>			
Borrowings	..	..	..
Equity injections	51,277	51,277	52,667
Appropriated equity injections	51,277	51,277	52,667
Non-appropriated equity injections	..	..	..
<b>Outflows:</b>			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	(1,572)	(15,327)	(1,572)
Appropriated equity withdrawals	(1,572)	(15,327)	(1,572)
Non-appropriated equity withdrawals	..	..	..
<b>Net cash provided by or used in financing activities</b>	<b>49,705</b>	<b>35,950</b>	<b>51,095</b>
<b>Net increase/(decrease) in cash held</b>	<b>(6,843)</b>	<b>10,626</b>	<b>171</b>
<b>Cash at the beginning of financial year</b>	<b>79,312</b>	<b>71,413</b>	<b>82,039</b>
Cash transfers from restructure	..	..	..
<b>Cash at the end of financial year</b>	<b>72,469</b>	<b>82,039</b>	<b>82,210</b>

# Cairns and Hinterland Hospital and Health Service

## Overview

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

The objectives of the Cairns 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.

### Contribution to the government's objectives for the community

The agency supports the government's objectives for the community<sup>1</sup>:

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

### Key deliverables

In 2024–25, Cairns and Hinterland HHS will:

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

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<sup>1</sup> To find out more, go to [www.qld.gov.au](http://www.qld.gov.au) and search "government's objectives for the community."

# Performance statement

## Cairns and Hinterland Hospital and Health Service

### Objective

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

### Description

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

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Percentage of emergency department patients seen within recommended timeframes <sup>1</sup>			
<ul style="list-style-type: none"> <li>Category 1 (within 2 minutes)</li> <li>Category 2 (within 10 minutes)</li> <li>Category 3 (within 30 minutes)</li> <li>Category 4 (within 60 minutes)</li> <li>Category 5 (within 120 minutes)</li> </ul>	100%	100%	100%
	80%	76%	80%
	75%	73%	75%
	70%	77%	70%
	70%	90%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department <sup>1</sup>	>80%	67%	>80%
Percentage of elective surgery patients treated within the clinically recommended times <sup>2</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>3</sup></li> <li>Category 3 (365 days)<sup>3</sup></li> </ul>	>98%	81%	>98%
	..	60%	>95%
	..	69%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days <sup>4</sup>	≤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 <sup>5</sup>	>65%	61.6%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge <sup>6</sup>	<12%	11.5%	<12%
Percentage of specialist outpatients waiting within clinically recommended times <sup>7</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>8</sup></li> <li>Category 3 (365 days)<sup>8</sup></li> </ul>	83%	50%	83%
	..	31%	..
	..	67%	..
Percentage of specialist outpatients seen within clinically recommended times <sup>9</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>8</sup></li> <li>Category 3 (365 days)<sup>8</sup></li> </ul>	77%	73%	77%
	..	49%	..
	..	65%	..
Median wait time for treatment in emergency departments (minutes) <sup>1,10</sup>	..	16	..
Median wait time for elective surgery treatment (days) <sup>2</sup>	..	41	..

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Efficiency measure</b>			
Average cost per weighted activity unit for Activity Based Funding facilities <sup>11</sup>	\$5,279	\$5,832	\$5,937
<b>Other measures</b>			
Number of elective surgery patients treated within clinically recommended times <sup>2,12</sup>			
• Category 1 (30 days)	3,742	3,181	3,812
• Category 2 (90 days) <sup>3</sup>	..	1,421	2,003
• Category 3 (365 days) <sup>3</sup>	..	793	949
Number of Telehealth outpatients service events <sup>13</sup>	11,640	10,031	11,640
Total weighted activity units (WAU) <sup>14</sup>			
• Acute Inpatients	103,636	100,743	104,413
• Outpatients	29,298	30,601	28,942
• Sub-acute	15,369	14,092	15,959
• Emergency Department	24,799	24,387	24,812
• Mental Health	8,953	9,148	8,758
• Prevention and Primary Care	2,963	2,915	3,012
Ambulatory mental health service contact duration (hours) <sup>15</sup>	>72,247	49,592	>72,247

Notes:

- Emergency department 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024.
- Elective surgery 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024.
- Treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2023–24 due to the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery. The targets have been reinstated for 2024–25.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2023 and 31 December 2023.
- Mental Health rate of community follow up 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Mental Health readmissions 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Waiting within clinically recommended time is a point in time performance measure. 2023–24 Estimated Actual is as at 30 April 2024.
- 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 targets for category 2 and 3 patients are not applicable.
- Seen in time 2023–24 Estimated Actual is for the period 1 July 2023 to 30 April 2024.
- There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
- The 2023–24 Target/Estimate varies from the published 2023–24 *Service Delivery Statements* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. 2023–24.2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Elective surgery performed in public hospitals. Treated volume 2023–24 Estimated Actual is a 12-month projection based on the period 1 July 2023 to 30 April 2024.
- Telehealth 2023–24 Estimated Actual represents a 12-month projection based on data for the period 1 July 2023 to 30 April 2024. The 2024–25 targets are set using the first 6 months of 2023–24 actuals and take into consideration the operational and strategic requirements for each HHS.
- The 2023–24 Target/Estimate varies from the published 2023–24 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. The 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
- Ambulatory Mental Health service contact duration 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024.

## Staffing

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

Service area	2023–24 Budget	2023–24 Est. Actual	2024–25 Budget
<b>Total FTEs</b>	5,598	5,865	5,920

# Income statement

Cairns and Hinterland Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>INCOME</b>			
User charges and fees	1,278,221	1,371,338	1,412,072
Grants and other contributions	12,080	13,689	16,622
Interest and distributions from managed funds	9	14	21
Other revenue	8,645	8,065	7,578
Gains on sale/revaluation of assets	..	..	..
<b>Total income</b>	<b>1,298,955</b>	<b>1,393,106</b>	<b>1,436,293</b>
<b>EXPENSES</b>			
Employee expenses	118,448	142,373	145,221
Supplies and Services:			
Other supplies and services	349,908	389,665	435,065
Department of Health contract staff	728,222	752,823	742,786
Grants and subsidies	..	..	..
Depreciation and amortisation	75,644	81,210	85,113
Finance/borrowing costs	540	540	494
Other expenses	24,348	25,379	25,769
Losses on sale/revaluation of assets	1,845	1,116	1,845
<b>Total expenses</b>	<b>1,298,955</b>	<b>1,393,106</b>	<b>1,436,293</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>..</b>	<b>..</b>	<b>..</b>

# Balance sheet

Cairns and Hinterland Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CURRENT ASSETS</b>			
Cash assets	15,248	31,632	32,694
Receivables	32,560	37,285	37,988
Other financial assets	..	..	..
Inventories	4,258	4,578	4,485
Other	4,451	3,640	3,674
Non-financial assets held for sale	..	..	..
<b>Total current assets</b>	<b>56,517</b>	<b>77,135</b>	<b>78,841</b>
<b>NON-CURRENT ASSETS</b>			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	1,163,471	1,211,770	1,237,871
Intangibles	..	..	..
Other	..	..	..
<b>Total non-current assets</b>	<b>1,163,471</b>	<b>1,211,770</b>	<b>1,237,871</b>
<b>TOTAL ASSETS</b>	<b>1,219,988</b>	<b>1,288,905</b>	<b>1,316,712</b>
<b>CURRENT LIABILITIES</b>			
Payables	80,296	101,958	103,090
Accrued employee benefits	493	19,757	19,806
Interest bearing liabilities and derivatives	2,047	341	398
Provisions	..	..	..
Other	1,834	901	905
<b>Total current liabilities</b>	<b>84,670</b>	<b>122,957</b>	<b>124,199</b>
<b>NON-CURRENT LIABILITIES</b>			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	12,492	14,893	13,624
Provisions	..	..	..
Other	..	..	..
<b>Total non-current liabilities</b>	<b>12,492</b>	<b>14,893</b>	<b>13,624</b>
<b>TOTAL LIABILITIES</b>	<b>97,162</b>	<b>137,850</b>	<b>137,823</b>
<b>NET ASSETS/(LIABILITIES)</b>	<b>1,122,826</b>	<b>1,151,055</b>	<b>1,178,889</b>
<b>EQUITY</b>			
<b>TOTAL EQUITY</b>	<b>1,122,826</b>	<b>1,151,055</b>	<b>1,178,889</b>

# Cash flow statement

Cairns and Hinterland Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Inflows:</b>			
User charges and fees	1,275,800	1,369,855	1,409,398
Grants and other contributions	12,080	13,689	16,622
Interest and distribution from managed funds received	9	14	21
Other	24,415	23,835	23,601
<b>Outflows:</b>			
Employee costs	(118,399)	(142,324)	(145,172)
Supplies and services	(1,092,865)	(1,157,432)	(1,192,586)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(24,348)	(25,379)	(25,769)
<b>Net cash provided by or used in operating activities</b>	<b>76,692</b>	<b>82,258</b>	<b>86,115</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Inflows:</b>			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
<b>Outflows:</b>			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
<b>Net cash provided by or used in investing activities</b>	<b>..</b>	<b>..</b>	<b>..</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Inflows:</b>			
Borrowings	..	..	..
Equity injections	1,687	716	1,766
<b>Outflows:</b>			
Borrowing redemptions	..	..	..
Finance lease payments	(1,687)	(1,687)	(1,706)
Equity withdrawals	(75,644)	(81,210)	(85,113)
<b>Net cash provided by or used in financing activities</b>	<b>(75,644)</b>	<b>(82,181)</b>	<b>(85,053)</b>
<b>Net increase/(decrease) in cash held</b>	<b>1,048</b>	<b>77</b>	<b>1,062</b>
<b>Cash at the beginning of financial year</b>	<b>14,200</b>	<b>31,555</b>	<b>31,632</b>
Cash transfers from restructure	..	..	..
<b>Cash at the end of financial year</b>	<b>15,248</b>	<b>31,632</b>	<b>32,694</b>



# Central Queensland Hospital and Health Service

## Overview

Central Queensland Hospital and Health Service's (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.

The objectives of the Central Queensland HHS are:

- Great care, great experience: safe, compassionate care, delivered to the highest standards, close to home, with consumers at the heart of all we do.
- Great learning and research: great place to learn, research and shape the future direction 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 and efficient, effective, affordable, and sustainable services.

### Contribution to the government's objectives for the community

The agency supports the government's objectives for the community<sup>1</sup>:

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

### Key deliverables

In 2024–25, Central Queensland HHS will:

- continue to deliver service improvements to meet the health needs of patients with the right health staff delivering the right services in the right place at the right time
- continue to deliver effective hospital avoidance measures including Hospital in the Home, telehealth and placed-based care
- continue to actively support the *Rural and Remote Health and Wellbeing Strategy 2022–2027* and digital Strategy for Rural and Remote Health to deliver equity in health outcomes for Central Queenslanders
- continue with the implementation of the *Health Equity Strategy*
- continue to partner with primary care to reduce non-acute attendances at hospital facilities.

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<sup>1</sup> To find out more, go to [www.qld.gov.au](http://www.qld.gov.au) and search "government's objectives for the community."

# Performance statement

## Central Queensland Hospital and Health Service

### Objective

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

### Description

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

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Percentage of emergency department patients seen within recommended timeframes <sup>1</sup>			
<ul style="list-style-type: none"> <li>Category 1 (within 2 minutes)</li> <li>Category 2 (within 10 minutes)</li> <li>Category 3 (within 30 minutes)</li> <li>Category 4 (within 60 minutes)</li> <li>Category 5 (within 120 minutes)</li> </ul>	100%	100%	100%
	80%	80%	80%
	75%	68%	75%
	70%	80%	70%
	70%	93%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department <sup>1</sup>	>80%	67%	>80%
Percentage of elective surgery patients treated within the clinically recommended times <sup>2</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>3</sup></li> <li>Category 3 (365 days)<sup>3</sup></li> </ul>	>98%	86%	>98%
	..	40%	>95%
	..	44%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days <sup>4</sup>	≤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 <sup>5</sup>	>65%	51.7%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge <sup>6</sup>	<12%	7.5%	<12%
Percentage of specialist outpatients waiting within clinically recommended times <sup>7</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>8</sup></li> <li>Category 3 (365 days)<sup>8</sup></li> </ul>	98%	45%	98%
	..	31%	..
	..	59%	..
Percentage of specialist outpatients seen within clinically recommended times <sup>9</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>8</sup></li> <li>Category 3 (365 days)<sup>8</sup></li> </ul>	98%	76%	98%
	..	48%	..
	..	47%	..
Median wait time for treatment in emergency departments (minutes) <sup>1,10</sup>	..	14	..
Median wait time for elective surgery treatment (days) <sup>2</sup>	..	37	..

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Efficiency measure</b>			
Average cost per weighted activity unit for Activity Based Funding facilities <sup>11</sup>	\$5,389	\$5,993	\$6,126
<b>Other measures</b>			
Number of elective surgery patients treated within clinically recommended times <sup>2,12</sup>			
• Category 1 (30 days)	1,552	1,520	1,718
• Category 2 (90 days) <sup>3</sup>	..	511	575
• Category 3 (365 days) <sup>3</sup>	..	276	264
Number of Telehealth outpatients service events <sup>13</sup>	19,755	19,016	20,911
Total weighted activity units (WAU) <sup>14</sup>			
• Acute Inpatients	52,049	50,661	51,289
• Outpatients	14,830	13,565	11,886
• Sub-acute	6,098	7,824	6,567
• Emergency Department	21,169	19,770	21,295
• Mental Health	5,165	4,193	5,195
• Prevention and Primary Care	2,429	2,697	2,610
Ambulatory mental health service contact duration (hours) <sup>15</sup>	>38,352	29,238	>38,352

Notes:

- Emergency department measures 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024.
- Elective surgery measures 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024.
- Treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2023–24 due to the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery. The targets have been reinstated for 2024–25.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2023 and 31 December 2023.
- Mental Health rate of community follow up 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Mental Health readmissions 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Waiting within clinically recommended time is a point in time performance measure. 2023–24 Estimated Actual is as at 30 April 2024.
- 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 targets for category 2 and 3 patients are not applicable.
- Seen in time 2023–24 Estimated Actual is for the period 1 July 2023 to 30 April 2024.
- There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
- The 2023–24 Target/Estimate varies from the published 2023–24 *Service Delivery Statements* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Elective surgery performed in public hospitals. Treated volume 2023–24 Estimated Actual is a 12-month projection based on the period 1 July 2023 to 30 April 2024.
- Telehealth 2023–24 Estimated Actual represents a 12-month projection based on data for the period 1 July 2023 to 30 April 2024. The 2024–25 targets are set using the first 6 months of 2023–24 actuals and take into consideration the operational and strategic requirements for each HHS.
- The 2023–24 Target/Estimate varies from the published 2023–24 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. The 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
- Ambulatory Mental Health service contact duration 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024.

## Staffing

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

Service area	2023–24 Budget	2023–24 Est. Actual	2024–25 Budget
<b>Total FTEs</b>	3,506	3,506	3,506

# Income statement

Central Queensland Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>INCOME</b>			
User charges and fees	780,607	833,502	842,254
Grants and other contributions	26,229	28,519	28,519
Interest and distributions from managed funds	15	4	4
Other revenue	2,698	2,538	2,539
Gains on sale/revaluation of assets	27	48	48
<b>Total income</b>	<b>809,576</b>	<b>864,611</b>	<b>873,364</b>
<b>EXPENSES</b>			
Employee expenses	86,127	95,079	97,454
Supplies and Services:			
Other supplies and services	229,900	241,922	236,681
Department of Health contract staff	434,016	461,547	473,086
Grants and subsidies	551	802	822
Depreciation and amortisation	43,896	50,534	50,163
Finance/borrowing costs	..	6	..
Other expenses	14,630	14,051	14,701
Losses on sale/revaluation of assets	456	670	457
<b>Total expenses</b>	<b>809,576</b>	<b>864,611</b>	<b>873,364</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>..</b>	<b>..</b>	<b>..</b>

# Balance sheet

Central Queensland Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CURRENT ASSETS</b>			
Cash assets	5,052	8,612	7,768
Receivables	14,351	26,141	25,907
Other financial assets	..	..	..
Inventories	5,053	5,203	5,231
Other	1,153	714	768
Non-financial assets held for sale	..	..	..
<b>Total current assets</b>	<b>25,609</b>	<b>40,670</b>	<b>39,674</b>
<b>NON-CURRENT ASSETS</b>			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	472,540	501,992	542,382
Intangibles	..	..	..
Other	..	..	..
<b>Total non-current assets</b>	<b>472,540</b>	<b>501,992</b>	<b>542,382</b>
<b>TOTAL ASSETS</b>	<b>498,149</b>	<b>542,662</b>	<b>582,056</b>
<b>CURRENT LIABILITIES</b>			
Payables	44,090	68,230	67,101
Accrued employee benefits	1,256	2,696	2,727
Interest bearing liabilities and derivatives	2,169	1,189	1,367
Provisions	..	..	..
Other	1,071	1,397	1,397
<b>Total current liabilities</b>	<b>48,586</b>	<b>73,512</b>	<b>72,592</b>
<b>NON-CURRENT LIABILITIES</b>			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	36	..	..
Provisions	..	..	..
Other	..	..	..
<b>Total non-current liabilities</b>	<b>36</b>	<b>..</b>	<b>..</b>
<b>TOTAL LIABILITIES</b>	<b>48,622</b>	<b>73,512</b>	<b>72,592</b>
<b>NET ASSETS/(LIABILITIES)</b>	<b>449,527</b>	<b>469,150</b>	<b>509,464</b>
<b>EQUITY</b>			
<b>TOTAL EQUITY</b>	<b>449,527</b>	<b>469,150</b>	<b>509,464</b>

# Cash flow statement

Central Queensland Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Inflows:</b>			
User charges and fees	781,004	833,759	842,651
Grants and other contributions	19,235	22,629	22,629
Interest and distribution from managed funds received	15	4	4
Other	16,638	16,478	16,479
<b>Outflows:</b>			
Employee costs	(86,096)	(95,048)	(97,423)
Supplies and services	(678,952)	(718,609)	(724,803)
Grants and subsidies	(551)	(802)	(822)
Borrowing costs	..	(6)	..
Other	(8,339)	(8,864)	(9,514)
<b>Net cash provided by or used in operating activities</b>	<b>42,954</b>	<b>49,541</b>	<b>49,201</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Inflows:</b>			
Sales of non-financial assets	98	149	118
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
<b>Outflows:</b>			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
<b>Net cash provided by or used in investing activities</b>	<b>98</b>	<b>149</b>	<b>118</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Inflows:</b>			
Borrowings	..	..	..
Equity injections	..	753	..
<b>Outflows:</b>			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	(43,896)	(50,534)	(50,163)
<b>Net cash provided by or used in financing activities</b>	<b>(43,896)</b>	<b>(49,781)</b>	<b>(50,163)</b>
<b>Net increase/(decrease) in cash held</b>	<b>(844)</b>	<b>(91)</b>	<b>(844)</b>
<b>Cash at the beginning of financial year</b>	<b>5,896</b>	<b>8,703</b>	<b>8,612</b>
Cash transfers from restructure	..	..	..
<b>Cash at the end of financial year</b>	<b>5,052</b>	<b>8,612</b>	<b>7,768</b>

# Central West Hospital and Health Service

## Overview

The 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 optimise health and wellbeing across our communities.

Our strategic objectives are:

- Deliver integrated prevention, primary and acute healthcare services for optimal continuity of care and health outcomes.
- Ensure our efforts and processes continuously improve delivery of safe, quality, consumer-focused healthcare services.

### Contribution to the government's objectives for the community

The agency supports the government's objectives for the community<sup>1</sup>:

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

### Key deliverables

In 2024–25, Central West HHS will:

- deliver the new renal Haemodialysis Unit at Longreach
- upgrade Longreach Hospital's pathology and pharmacy departments
- grow and strengthen the voice of consumers, including First Nations peoples and continue to deliver on the actions of the *Health Equity Strategy*
- work to ensure relevant actions from the *Central West Hospital and Health Service Plan 2020–2025* are on track
- activate clinician and staff engagement across the organisation.

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<sup>1</sup> To find out more, go to [www.qld.gov.au](http://www.qld.gov.au) and search "government's objectives for the community."



# Performance statement

## Central West Hospital and Health Service

### Objective

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

### Description

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

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Percentage of emergency department patients seen within recommended timeframes <sup>1</sup>			
<ul style="list-style-type: none"> <li>Category 1 (within 2 minutes)</li> <li>Category 2 (within 10 minutes)</li> <li>Category 3 (within 30 minutes)</li> <li>Category 4 (within 60 minutes)</li> <li>Category 5 (within 120 minutes)</li> </ul>	100%	100%	100%
	80%	95%	80%
	75%	96%	75%
	70%	98%	70%
	70%	99%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department <sup>1</sup>	>80%	93%	>80%
Percentage of elective surgery patients treated within the clinically recommended times <sup>2</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>3</sup></li> <li>Category 3 (365 days)<sup>3</sup></li> </ul>	>98%	85%	>98%
	..	83%	>95%
	..	99%	>95%
Median wait time for treatment in emergency departments (minutes) <sup>1,4</sup>	..	2	..
Median wait time for elective surgery treatment (days) <sup>2</sup>	..	137	..
<b>Efficiency measures</b>			
Not identified			
<b>Other measures</b>			
Number of elective surgery patients treated within clinically recommended times <sup>2,5</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>3</sup></li> <li>Category 3 (365 days)<sup>3</sup></li> </ul>	29	28	31
	..	30	34
	..	168	161
Number of Telehealth outpatients service events <sup>6</sup>	3,974	4,842	4,500
Total weighted activity units (WAU) <sup>7</sup>			
<ul style="list-style-type: none"> <li>Acute Inpatients</li> <li>Outpatients</li> <li>Sub-acute</li> <li>Emergency Department</li> <li>Mental Health</li> <li>Prevention and Primary Care</li> </ul>	2,608	2,512	2,658
	2,585	2,408	2,553
	517	535	527
	1,335	1,288	1,360
	66	48	67
	130	137	153
Ambulatory mental health service contact duration (hours) <sup>8</sup>	>2,016	1,572	>2,016

Notes:

1. Emergency department measures 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024.
2. Elective surgery measures 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024.
3. Treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2023–24 due to the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery. The targets have been reinstated for 2024–25.
4. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
5. Elective surgery performed in public hospitals. Treated volume 2023–24 Estimated Actual is a 12-month projection based on the period 1 July 2023 to 30 April 2024.
6. Telehealth 2023–24 Estimated Actual represents a 12-month projection based on data for the period 1 July 2023 to 30 April 2024. The 2024–25 targets are set using the first 6 months of 2023–24 actuals and take into consideration the operational and strategic requirements for each HHS.
7. The 2023–24 Target/Estimate varies from the published 2023–24 *Service Delivery Statements* due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. The 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
8. Ambulatory Mental Health service contact duration 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024.

## Staffing

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

Service area	2023–24 Budget	2023–24 Est. Actual	2024–25 Budget
Total FTEs	455	455	455

# Income statement

Central West Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>INCOME</b>			
User charges and fees	100,239	104,879	109,840
Grants and other contributions	3,716	4,601	4,497
Interest and distributions from managed funds	2	10	10
Other revenue	343	433	331
Gains on sale/revaluation of assets	7	..	..
<b>Total income</b>	<b>104,307</b>	<b>109,923</b>	<b>114,678</b>
<b>EXPENSES</b>			
Employee expenses	11,274	11,811	14,292
Supplies and Services:			
Other supplies and services	28,944	35,507	33,757
Department of Health contract staff	53,135	51,480	55,238
Grants and subsidies	..	..	..
Depreciation and amortisation	8,715	8,735	8,931
Finance/borrowing costs	15	31	19
Other expenses	2,146	2,231	2,313
Losses on sale/revaluation of assets	78	128	128
<b>Total expenses</b>	<b>104,307</b>	<b>109,923</b>	<b>114,678</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>..</b>	<b>..</b>	<b>..</b>

# Balance sheet

Central West Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CURRENT ASSETS</b>			
Cash assets	(2,080)	1,033	1,318
Receivables	1,730	1,252	1,254
Other financial assets	..	..	..
Inventories	738	821	840
Other	450	266	274
Non-financial assets held for sale	..	..	..
<b>Total current assets</b>	<b>838</b>	<b>3,372</b>	<b>3,686</b>
<b>NON-CURRENT ASSETS</b>			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	124,540	126,361	151,884
Intangibles	157	177	..
Other	..	..	..
<b>Total non-current assets</b>	<b>124,697</b>	<b>126,538</b>	<b>151,884</b>
<b>TOTAL ASSETS</b>	<b>125,535</b>	<b>129,910</b>	<b>155,570</b>
<b>CURRENT LIABILITIES</b>			
Payables	5,712	6,940	7,237
Accrued employee benefits	236	210	276
Interest bearing liabilities and derivatives	595	616	476
Provisions	..	..	..
Other	..	..	..
<b>Total current liabilities</b>	<b>6,543</b>	<b>7,766</b>	<b>7,989</b>
<b>NON-CURRENT LIABILITIES</b>			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	156	493	373
Provisions	..	..	..
Other	..	..	..
<b>Total non-current liabilities</b>	<b>156</b>	<b>493</b>	<b>373</b>
<b>TOTAL LIABILITIES</b>	<b>6,699</b>	<b>8,259</b>	<b>8,362</b>
<b>NET ASSETS/(LIABILITIES)</b>	<b>118,836</b>	<b>121,651</b>	<b>147,208</b>
<b>EQUITY</b>			
<b>TOTAL EQUITY</b>	<b>118,836</b>	<b>121,651</b>	<b>147,208</b>

# Cash flow statement

Central West Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Inflows:</b>			
User charges and fees	100,228	105,658	109,830
Grants and other contributions	2,455	3,225	3,080
Interest and distribution from managed funds received	2	10	10
Other	2,192	2,282	2,180
<b>Outflows:</b>			
Employee costs	(11,203)	(12,204)	(14,226)
Supplies and services	(83,604)	(89,148)	(90,694)
Grants and subsidies	..	..	..
Borrowing costs	(15)	(31)	(19)
Other	(1,387)	(1,439)	(896)
<b>Net cash provided by or used in operating activities</b>	<b>8,668</b>	<b>8,353</b>	<b>9,265</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Inflows:</b>			
Sales of non-financial assets	(1)	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
<b>Outflows:</b>			
Payments for non-financial assets	..	(502)	(50)
Payments for investments	..	..	..
Loans and advances made	..	..	..
<b>Net cash provided by or used in investing activities</b>	<b>(1)</b>	<b>(502)</b>	<b>(50)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Inflows:</b>			
Borrowings	..	..	..
Equity injections	631	651	617
<b>Outflows:</b>			
Borrowing redemptions	..	..	..
Finance lease payments	(632)	(620)	(616)
Equity withdrawals	(8,715)	(8,735)	(8,931)
<b>Net cash provided by or used in financing activities</b>	<b>(8,716)</b>	<b>(8,704)</b>	<b>(8,930)</b>
<b>Net increase/(decrease) in cash held</b>	<b>(49)</b>	<b>(853)</b>	<b>285</b>
<b>Cash at the beginning of financial year</b>	<b>(2,031)</b>	<b>1,886</b>	<b>1,033</b>
Cash transfers from restructure	..	..	..
<b>Cash at the end of financial year</b>	<b>(2,080)</b>	<b>1,033</b>	<b>1,318</b>

# Children’s Health Queensland Hospital and Health Service

## Overview

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

- Generate knowledge and innovate: build and harness creativity, research, technology, and collective expertise to prepare for the future.
- Collaborate in care: work together with a shared purpose to create a connected system of care.
- Perform at our best every time: adapt and improve to achieve sustainable high-quality outcomes.

### Contribution to the government’s objectives for the community

The agency supports the government’s objectives for the community<sup>1</sup>:

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

### Key deliverables

In 2024–25, CHQ will:

- deliver the 2024–2025 financial year activities as described in the *CHQ Aboriginal and Torres Strait Islander Health Equity Strategy* and associated implementation plan. This includes the delivery of a co-designed CHQ Aboriginal and Torres Strait Islander Workforce Plan which aligns with the *Queensland Health First Nations Health Strategy 2032*
- build and deliver integrated community health services that are designed in collaboration with the communities and stakeholders in which they serve. This includes operationalising the co-designed Dakabin Youth Hub and developing several Child and Youth Community Health Centres located in Caboolture, Inala, and Yeronga. CHQ will also expand the *Head to Health Kids Hub (H2HK-Q)* alongside consortia partners to deliver an innovative and integrated approach to providing holistic child and family mental health and wellbeing care
- optimise and improve patient access and flow through acute inpatient and specialist outpatient services. This will be achieved through the implementation of the *Kids First Patient Flow Improvement Program* which includes the reconfiguration of the Queensland Children’s Hospital inpatient footprint to inform the conversions required to uplift access across several medical and surgical specialties
- optimise alternative models of service delivery and hospital avoidance models to improve access to the right professional at the right place, at the right time. This includes the statewide integration and digital expansion of Early Parenting Services to provide earlier access and better integration of care in the first 2000 days
- continue to work in partnership with the broader system and HHSs to evolve models of service delivery that meet the needs of children and young people across the state.

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<sup>1</sup> To find out more, go to [www.qld.gov.au](http://www.qld.gov.au) and search “government’s objectives for the community.”

# Performance statement

## Children’s Health Queensland Hospital and Health Service

### Objective

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

### Description

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

- Secondary, tertiary and quaternary paediatric services at the Queensland Children’s Hospital.
- Statewide paediatric service 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	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Percentage of emergency department patients seen within recommended timeframes <sup>1</sup>			
• Category 1 (within 2 minutes)	100%	100%	100%
• Category 2 (within 10 minutes)	80%	88%	80%
• Category 3 (within 30 minutes)	75%	74%	75%
• Category 4 (within 60 minutes)	70%	82%	70%
• Category 5 (within 120 minutes)	70%	94%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department <sup>1</sup>	>80%	65%	>80%
Percentage of elective surgery patients treated within the clinically recommended times <sup>2</sup>			
• Category 1 (30 days)	>98%	99%	>98%
• Category 2 (90 days) <sup>3</sup>	..	71%	>95%
• Category 3 (365 days) <sup>3</sup>	..	77%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days <sup>4</sup>	≤1.0	1.6	≤1.0
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit <sup>5</sup>	>65%	61.5%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge <sup>6</sup>	<12%	11.2%	<12%
Percentage of specialist outpatients waiting within clinically recommended times <sup>7</sup>			
• Category 1 (30 days)	98%	51%	98%
• Category 2 (90 days) <sup>8</sup>	..	45%	..
• Category 3 (365 days) <sup>8</sup>	..	86%	..



<b>Service standards</b>	<b>2023–24 Target/Est.</b>	<b>2023–24 Est. Actual</b>	<b>2024–25 Target/Est.</b>
Percentage of specialist outpatients seen within clinically recommended times <sup>9</sup>			
• Category 1 (30 days)	98%	76%	98%
• Category 2 (90 days) <sup>8</sup>	..	36%	..
• Category 3 (365 days) <sup>8</sup>	..	61%	..
Median wait time for treatment in emergency departments (minutes) <sup>1,10</sup>	..	14	..
Median wait time for elective surgery treatment (days) <sup>2</sup>	..	57	..
<b>Efficiency measure</b>			
Average cost per weighted activity unit for Activity Based Funding facilities <sup>11</sup>	\$5,700	\$6,261	\$6,641
<b>Other measures</b>			
Number of elective surgery patients treated within clinically recommended times <sup>2,12</sup>			
• Category 1 (30 days)	1,858	1,886	1,869
• Category 2 (90 days) <sup>3</sup>	..	3,523	4,684
• Category 3 (365 days) <sup>3</sup>	..	1,745	2,128
Number of Telehealth outpatients service events <sup>13</sup>	16,689	15,140	15,700
Total weighted activity units (WAU) <sup>14</sup>			
• Acute Inpatients	69,801	67,126	70,943
• Outpatients	16,675	22,791	18,625
• Sub-acute	2,742	1,671	2,783
• Emergency Department	9,269	8,962	9,435
• Mental Health	4,425	3,506	4,483
Ambulatory mental health service contact duration (hours) <sup>15</sup>	>65,767	56,802	>65,767

Notes:

- Emergency department measures 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024.
- Elective surgery measures 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024.
- Treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2023–24 due to the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery. The targets have been reinstated for 2024–25.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2023 and 31 December 2023.
- Mental Health rate of community follow up 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Mental Health readmissions 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Waiting within clinically recommended time is a point in time performance measure. 2023–24 Estimated Actual is as at 30 April 2024.
- 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 seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the targets for category 2 and 3 patients are not applicable.
- Seen in time 2023–24 Estimated Actual is for the period 1 July 2023 to 30 April 2024.
- There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
- The 2023–24 Target/Estimate varies from the published 2023–24 *Service Delivery Statements* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Elective surgery performed in public hospitals. Treated volume 2023–24 Estimated Actual is a 12-month projection based on the period 1 July 2023 to 30 April 2024.
- Telehealth 2023–24 Estimated Actual represents a 12-month projection based on data for the period 1 July 2023 to 30 April 2024. The 2024–25 targets are set using the first 6 months of 2023–24 actuals and take into consideration the operational and strategic requirements for each HHS.
- The 2023–24 Target/Estimate varies from the published 2023–24 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. The 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024.

As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.

15. Ambulatory Mental Health service contact duration 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024.

## Staffing

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

Service area	2023–24 Budget	2023–24 Est. Actual	2024–25 Budget
Total FTEs	4,100	4,202	4,304

# Income statement

Children's Health Queensland Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>INCOME</b>			
User charges and fees	975,368	1,048,050	1,078,171
Grants and other contributions	12,093	9,931	10,180
Interest and distributions from managed funds	204	24	25
Other revenue	3,546	5,963	6,113
Gains on sale/revaluation of assets	..	67	69
<b>Total income</b>	<b>991,211</b>	<b>1,064,035</b>	<b>1,094,558</b>
<b>EXPENSES</b>			
Employee expenses	144,876	155,755	160,427
Supplies and Services:			
Other supplies and services	215,737	259,980	276,101
Department of Health contract staff	537,007	541,742	557,994
Grants and subsidies	2,532	4,132	4,235
Depreciation and amortisation	73,460	78,464	78,538
Finance/borrowing costs	..	..	..
Other expenses	17,024	16,328	16,748
Losses on sale/revaluation of assets	575	534	515
<b>Total expenses</b>	<b>991,211</b>	<b>1,056,935</b>	<b>1,094,558</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>..</b>	<b>7,100</b>	<b>..</b>

# Balance sheet

Children's Health Queensland Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CURRENT ASSETS</b>			
Cash assets	25,849	40,726	43,352
Receivables	23,662	25,521	23,827
Other financial assets	..	..	..
Inventories	6,966	7,796	7,835
Other	2,921	2,963	2,979
Non-financial assets held for sale	..	..	..
<b>Total current assets</b>	<b>59,398</b>	<b>77,006</b>	<b>77,993</b>
<b>NON-CURRENT ASSETS</b>			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	1,047,797	1,236,706	1,185,749
Intangibles	5,042	5,448	9,003
Other	..	..	..
<b>Total non-current assets</b>	<b>1,052,839</b>	<b>1,242,154</b>	<b>1,194,752</b>
<b>TOTAL ASSETS</b>	<b>1,112,237</b>	<b>1,319,160</b>	<b>1,272,745</b>
<b>CURRENT LIABILITIES</b>			
Payables	69,860	79,256	79,846
Accrued employee benefits	2,494	3,408	3,805
Interest bearing liabilities and derivatives	45	34	34
Provisions	..	..	..
Other	829	1,186	1,186
<b>Total current liabilities</b>	<b>73,228</b>	<b>83,884</b>	<b>84,871</b>
<b>NON-CURRENT LIABILITIES</b>			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
<b>Total non-current liabilities</b>	<b>..</b>	<b>..</b>	<b>..</b>
<b>TOTAL LIABILITIES</b>	<b>73,228</b>	<b>83,884</b>	<b>84,871</b>
<b>NET ASSETS/(LIABILITIES)</b>	<b>1,039,009</b>	<b>1,235,276</b>	<b>1,187,874</b>
<b>EQUITY</b>			
<b>TOTAL EQUITY</b>	<b>1,039,009</b>	<b>1,235,276</b>	<b>1,187,874</b>

# Cash flow statement

Children's Health Queensland Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Inflows:</b>			
User charges and fees	974,605	1,049,360	1,079,471
Grants and other contributions	5,050	3,145	3,224
Interest and distribution from managed funds received	204	24	25
Other	8,421	10,838	10,988
<b>Outflows:</b>			
Employee costs	(144,634)	(161,513)	(160,030)
Supplies and services	(753,221)	(817,199)	(838,556)
Grants and subsidies	(2,532)	(4,132)	(4,235)
Borrowing costs	..	..	..
Other	(9,981)	(9,542)	(9,792)
<b>Net cash provided by or used in operating activities</b>	<b>77,912</b>	<b>70,981</b>	<b>81,095</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Inflows:</b>			
Sales of non-financial assets	..	35	69
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
<b>Outflows:</b>			
Payments for non-financial assets	..	(174)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
<b>Net cash provided by or used in investing activities</b>	<b>..</b>	<b>(139)</b>	<b>69</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Inflows:</b>			
Borrowings	..	..	..
Equity injections	..	11	..
<b>Outflows:</b>			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	(73,460)	(78,464)	(78,538)
<b>Net cash provided by or used in financing activities</b>	<b>(73,460)</b>	<b>(78,453)</b>	<b>(78,538)</b>
<b>Net increase/(decrease) in cash held</b>	<b>4,452</b>	<b>(7,611)</b>	<b>2,626</b>
<b>Cash at the beginning of financial year</b>	<b>21,397</b>	<b>48,337</b>	<b>40,726</b>
Cash transfers from restructure	..	..	..
<b>Cash at the end of financial year</b>	<b>25,849</b>	<b>40,726</b>	<b>43,352</b>

# 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's strategic objectives are:

- Our services are aligned with our priorities to ensure better health outcomes for all in our region.
- The way we deliver care is transformed to improve efficiency and accessibility for our community.
- Our resources, systems and processes are designed to support and improve the delivery of care.

### Contribution to the government's objectives for the community

The agency supports the government's objectives for the community<sup>1</sup>:

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

### Key deliverables

In 2024–25, Darling Downs HHS will:

- continue to deliver the *First Nations Health Equity Strategy* Implementation Plan in collaboration with our First Nations communities and partners to improve health equity for First Nations people
- lead engagement to finalise the design of the new Toowoomba Hospital
- prepare our services and workforce for the commissioning of new hospitals in Toowoomba, Chinchilla, Tara and Millmerran
- increase the number of patients receiving alternative virtual models of care across our region to deliver equitable and timely access to healthcare services, no matter where patients live.

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<sup>1</sup> To find out more, go to [www.qld.gov.au](http://www.qld.gov.au) and search "government's objectives for the community."

# Performance statement

## Darling Downs Hospital and Health Service

### Objective

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

### Description

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

Darling Downs Hospital and Health Service	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Percentage of emergency department patients seen within recommended timeframes <sup>1</sup>			
<ul style="list-style-type: none"> <li>Category 1 (within 2 minutes)</li> <li>Category 2 (within 10 minutes)</li> <li>Category 3 (within 30 minutes)</li> <li>Category 4 (within 60 minutes)</li> <li>Category 5 (within 120 minutes)</li> </ul>	100%	100%	100%
	80%	59%	80%
	75%	60%	75%
	70%	75%	70%
	70%	93%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department <sup>1</sup>	>80%	74%	>80%
Percentage of elective surgery patients treated within the clinically recommended times <sup>2</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>3</sup></li> <li>Category 3 (365 days)<sup>3</sup></li> </ul>	>98%	96%	>98%
	..	69%	>95%
	..	37%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days <sup>4</sup>	≤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 <sup>5</sup>	>65%	64.6%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge <sup>6</sup>	<12%	11.7%	<12%
Percentage of specialist outpatients waiting within clinically recommended times <sup>7</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>8</sup></li> <li>Category 3 (365 days)<sup>8</sup></li> </ul>	98%	95%	98%
	..	64%	..
	..	77%	..
Percentage of specialist outpatients seen within clinically recommended times <sup>9</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>8</sup></li> <li>Category 3 (365 days)<sup>8</sup></li> </ul>	98%	96%	98%
	..	68%	..
	..	66%	..
Median wait time for treatment in emergency departments (minutes) <sup>1,10</sup>	..	18	..
Median wait time for elective surgery treatment (days) <sup>2</sup>	..	48	..



Darling Downs Hospital and Health Service	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Efficiency measure</b>			
Average cost per weighted activity unit for Activity Based Funding facilities <sup>11</sup>	\$5,585	\$6,163	\$6,071
<b>Other measures</b>			
Number of elective surgery patients treated within clinically recommended times <sup>2,12</sup>			
• Category 1 (30 days)	2,058	2,308	2,352
• Category 2 (90 days) <sup>3</sup>	..	2,080	2,749
• Category 3 (365 days) <sup>3</sup>	..	335	663
Number of Telehealth outpatients service events <sup>13</sup>	21,188	22,989	24,750
Total weighted activity units (WAU) <sup>14</sup>			
• Acute Inpatients	66,973	73,029	70,019
• Outpatients	15,469	16,384	17,317
• Sub-acute	9,419	12,131	11,151
• Emergency Department	24,396	26,359	25,211
• Mental Health	17,482	13,521	17,796
• Prevention and Primary Care	2,691	3,130	2,940
Ambulatory mental health service contact duration (hours) <sup>15</sup>	>72,612	53,181	>72,612

Notes:

- Emergency department measures 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024.
- Elective surgery measures 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024.
- Treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2023–24 and 2024–25 due to the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery. The targets have been reinstated for 2024–25.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections Estimated Actual rate is based on data reported between 1 July 2023 and 31 December 2023.
- Mental Health rate of community follow up 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Mental Health readmissions 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Waiting within clinically recommended time is a point in time performance measure. 2023–24 Estimated Actual is as at 30 April 2024.
- 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 seen within clinically recommended time percentage will be lower. To maintain the focus on long wait reduction, the targets for category 2 and 3 patients are not applicable.
- Seen in time 2023–24 Estimated Actual is for the period 1 July 2023 to 30 April 2024.
- There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
- The 2023–24 Target/Estimate varies from the published 2023–24 *Service Delivery Statements* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Elective surgery performed in public hospitals. Treated volume 2023–24 Estimated Actual is a 12-month projection based on the period 1 July 2023 to 30 April 2024.
- Telehealth 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 30 April 2024. The 2024–25 targets are set using the first 6 months of 2023–24 actuals and take into consideration the operational and strategic requirements for each HHS.
- The 2023–24 Target/Estimate varies from the published 2023–24 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. The 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
- Ambulatory Mental Health service contact duration 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024.

## Staffing

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

Service area	2023–24 Budget	2023–24 Est. Actual	2024–25 Budget
<b>Total FTEs</b>	5,209	5,389	5,418

# Income statement

Darling Downs Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>INCOME</b>			
User charges and fees	1,055,986	1,161,634	1,179,034
Grants and other contributions	53,624	59,661	60,624
Interest and distributions from managed funds	445	1,240	1,240
Other revenue	3,030	2,798	2,272
Gains on sale/revaluation of assets	..	9	..
<b>Total income</b>	<b>1,113,085</b>	<b>1,225,342</b>	<b>1,243,170</b>
<b>EXPENSES</b>			
Employee expenses	133,989	145,642	151,085
Supplies and Services:			
Other supplies and services	266,471	295,680	289,573
Department of Health contract staff	637,788	693,615	711,985
Grants and subsidies	1,728	9,866	8,705
Depreciation and amortisation	51,021	56,311	58,048
Finance/borrowing costs	152	175	184
Other expenses	20,637	21,077	21,652
Losses on sale/revaluation of assets	1,299	2,976	1,938
<b>Total expenses</b>	<b>1,113,085</b>	<b>1,225,342</b>	<b>1,243,170</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>..</b>	<b>..</b>	<b>..</b>

# Balance sheet

Darling Downs Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CURRENT ASSETS</b>			
Cash assets	88,316	97,882	102,086
Receivables	7,948	9,744	10,044
Other financial assets	..	..	..
Inventories	8,833	9,249	9,480
Other	6,262	7,404	7,590
Non-financial assets held for sale	..	..	..
<b>Total current assets</b>	<b>111,359</b>	<b>124,279</b>	<b>129,200</b>
<b>NON-CURRENT ASSETS</b>			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	552,078	608,813	724,807
Intangibles	..	..	..
Other	..	..	..
<b>Total non-current assets</b>	<b>552,078</b>	<b>608,813</b>	<b>724,807</b>
<b>TOTAL ASSETS</b>	<b>663,437</b>	<b>733,092</b>	<b>854,007</b>
<b>CURRENT LIABILITIES</b>			
Payables	85,644	99,712	104,109
Accrued employee benefits	3,106	3,244	3,740
Interest bearing liabilities and derivatives	1,564	1,923	1,640
Provisions	..	..	..
Other	728	1,085	1,113
<b>Total current liabilities</b>	<b>91,042</b>	<b>105,964</b>	<b>110,602</b>
<b>NON-CURRENT LIABILITIES</b>			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	4,212	4,478	2,838
Provisions	..	..	..
Other	..	..	..
<b>Total non-current liabilities</b>	<b>4,212</b>	<b>4,478</b>	<b>2,838</b>
<b>TOTAL LIABILITIES</b>	<b>95,254</b>	<b>110,442</b>	<b>113,440</b>
<b>NET ASSETS/(LIABILITIES)</b>	<b>568,183</b>	<b>622,650</b>	<b>740,567</b>
<b>EQUITY</b>			
<b>TOTAL EQUITY</b>	<b>568,183</b>	<b>622,650</b>	<b>740,567</b>

# Cash flow statement

Darling Downs Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Inflows:</b>			
User charges and fees	1,055,613	1,159,682	1,177,787
Grants and other contributions	44,049	50,352	51,112
Interest and distribution from managed funds received	445	1,240	1,240
Other	23,380	34,979	34,654
<b>Outflows:</b>			
Employee costs	(133,016)	(152,354)	(150,589)
Supplies and services	(919,238)	(984,200)	(1,030,170)
Grants and subsidies	(1,728)	(10,036)	(8,695)
Borrowing costs	(152)	(175)	(184)
Other	(11,862)	(10,682)	(12,700)
<b>Net cash provided by or used in operating activities</b>	<b>57,491</b>	<b>88,806</b>	<b>62,455</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Inflows:</b>			
Sales of non-financial assets	(259)	(191)	(200)
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
<b>Outflows:</b>			
Payments for non-financial assets	..	(1,796)	(3)
Payments for investments	..	..	..
Loans and advances made	..	..	..
<b>Net cash provided by or used in investing activities</b>	<b>(259)</b>	<b>(1,987)</b>	<b>(203)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Inflows:</b>			
Borrowings	..	..	..
Equity injections	1,885	2,683	1,923
<b>Outflows:</b>			
Borrowing redemptions	..	..	..
Finance lease payments	(1,886)	(2,478)	(1,923)
Equity withdrawals	(51,021)	(56,311)	(58,048)
<b>Net cash provided by or used in financing activities</b>	<b>(51,022)</b>	<b>(56,106)</b>	<b>(58,048)</b>
<b>Net increase/(decrease) in cash held</b>	<b>6,210</b>	<b>30,713</b>	<b>4,204</b>
<b>Cash at the beginning of financial year</b>	<b>82,106</b>	<b>67,169</b>	<b>97,882</b>
Cash transfers from restructure	..	..	..
<b>Cash at the end of financial year</b>	<b>88,316</b>	<b>97,882</b>	<b>102,086</b>

# 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 the future of care.
- Future system – Connected, integrated, equitable and seamless system.
- Future growth – Delivering new infrastructure

### Contribution to the government's objectives for the community

The department supports the government's objectives for the community<sup>1</sup>:

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

### Key deliverables

In 2024–25, Gold Coast HHS will:

- progress significant capacity expansion including:
  - progress building the 40 bed Secure Mental Health Rehabilitation Unit on the Gold Coast University Hospital campus ready for opening in 2024–25
  - support building of the 70 bed sub-acute expansion at Gold Coast University Hospital ready for opening in 2024–25
  - continue detailed planning for building the new Coomera Hospital
  - progress discussions for leased capacity expansion at Robina Hospital
- implement interim strategies to increase capacity while capacity 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
  - collaborating across sectors, providers and stakeholders to achieve a system-based approach to healthcare and service delivery.

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<sup>1</sup> To find out more, go to [www.qld.gov.au](http://www.qld.gov.au) and search "government's objectives for the community."

# Performance statement

## Gold Coast Hospital and Health Service

### Objective

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

### Description

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

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Percentage of emergency department patients seen within recommended timeframes <sup>1</sup>			
<ul style="list-style-type: none"> <li>Category 1 (within 2 minutes)</li> <li>Category 2 (within 10 minutes)</li> <li>Category 3 (within 30 minutes)</li> <li>Category 4 (within 60 minutes)</li> <li>Category 5 (within 120 minutes)</li> </ul>	100%	100%	100%
	80%	63%	80%
	75%	74%	75%
	70%	83%	70%
	70%	93%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department <sup>1</sup>	>80%	46%	>80%
Percentage of elective surgery patients treated within the clinically recommended times <sup>2</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>3</sup></li> <li>Category 3 (365 days)<sup>3</sup></li> </ul>	>98%	96%	>98%
	..	70%	>95%
	..	71%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days <sup>4</sup>	≤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 <sup>5</sup>	>65%	64.4%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge <sup>6</sup>	<12%	8.0%	<12%
Percentage of specialist outpatients waiting within clinically recommended times <sup>7</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>8</sup></li> <li>Category 3 (365 days)<sup>8</sup></li> </ul>	66%	63%	66%
	..	35%	..
	..	72%	..
Percentage of specialist outpatients seen within clinically recommended times <sup>9</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>8</sup></li> <li>Category 3 (365 days)<sup>8</sup></li> </ul>	84%	70%	84%
	..	51%	..
	..	54%	..
Median wait time for treatment in emergency departments (minutes) <sup>1,10</sup>	..	11	..
Median wait time for elective surgery treatment (days) <sup>2</sup>	..	37	..

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Efficiency measure</b>			
Average cost per weighted activity unit for Activity Based Funding facilities <sup>11</sup>	\$5,742	\$6,203	\$6,447
<b>Other measures</b>			
Number of elective surgery patients treated within clinically recommended times <sup>2,12</sup>			
• Category 1 (30 days)	7,030	7,123	7,307
• Category 2 (90 days) <sup>3</sup>	..	5,368	7,262
• Category 3 (365 days) <sup>3</sup>	..	2,159	2,881
Number of Telehealth outpatients service events <sup>13</sup>	20,721	17,583	20,845
Total weighted activity units (WAU) <sup>14</sup>			
• Acute Inpatients	160,393	164,917	166,727
• Outpatients	51,872	56,297	53,085
• Sub-acute	16,580	19,678	20,576
• Emergency Department	41,238	30,996	43,479
• Mental Health	14,553	17,599	15,158
• Prevention and Primary Care	3,645	3,569	3,676
Ambulatory mental health service contact duration (hours) <sup>15</sup>	>90,125	85,092	>90,125

Notes:

- Emergency department 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024.
- Elective surgery measures 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024.
- Treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2023–24 due to the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery. The targets have been reinstated for 2024–25.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2023–24 Estimated Actual rate is based on data reported between 1 July 2023 and 31 December 2023.
- Mental Health rate of community follow up 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Mental Health readmissions 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Waiting within clinically recommended time is a point in time performance measure. 2023–24 Estimated Actual is as at 30 April 2024.
- 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 targets for category 2 and 3 patients are not applicable.
- Seen in time 2023–24 Estimated Actual is for the period 1 July 2023 to 30 April 2024.
- There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
- The 2023–24 Target/Estimate varies from the published 2023–24 *Service Delivery Statements* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Elective surgery performed in public hospitals. Treated volume 2023–24 Estimated Actual is a 12-month projection based on the period 1 July 2023 to 30 April 2024.
- Telehealth 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 30 April 2024. The 2024–25 targets are set using the first 6 months of 2023–24 actuals and take into consideration the operational and strategic requirements for each HHS.
- The 2023–24 Target/Estimate varies from the published 2023–24 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. The 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
- Ambulatory Mental Health service contact duration 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024.



## Staffing

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

Service area	2023–24 Budget	2023–24 Est. Actual	2024–25 Budget
<b>Total FTEs</b>	9,565	9,921	10,157

# Income statement

Gold Coast Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>INCOME</b>			
User charges and fees	2,106,304	2,299,561	2,389,547
Grants and other contributions	12,987	15,421	15,421
Interest and distributions from managed funds	110	158	158
Other revenue	12,400	14,908	14,908
Gains on sale/revaluation of assets	171	705	705
<b>Total income</b>	<b>2,131,972</b>	<b>2,330,753</b>	<b>2,420,739</b>
<b>EXPENSES</b>			
Employee expenses	230,878	249,050	262,622
Supplies and Services:			
Other supplies and services	504,356	574,080	569,818
Department of Health contract staff	1,270,635	1,370,652	1,445,379
Grants and subsidies	..	..	..
Depreciation and amortisation	103,878	113,791	118,182
Finance/borrowing costs	..	..	..
Other expenses	21,040	21,168	22,726
Losses on sale/revaluation of assets	1,185	2,012	2,012
<b>Total expenses</b>	<b>2,131,972</b>	<b>2,330,753</b>	<b>2,420,739</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>..</b>	<b>..</b>	<b>..</b>

# Balance sheet

Gold Coast Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CURRENT ASSETS</b>			
Cash assets	145,070	133,958	135,594
Receivables	47,786	74,228	74,584
Other financial assets	..	..	..
Inventories	15,791	17,223	17,312
Other	5,660	6,192	6,459
Non-financial assets held for sale	..	..	..
<b>Total current assets</b>	<b>214,307</b>	<b>231,601</b>	<b>233,949</b>
<b>NON-CURRENT ASSETS</b>			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	1,799,035	1,822,079	1,958,542
Intangibles	2	2	2
Other	..	..	..
<b>Total non-current assets</b>	<b>1,799,037</b>	<b>1,822,081</b>	<b>1,958,544</b>
<b>TOTAL ASSETS</b>	<b>2,013,344</b>	<b>2,053,682</b>	<b>2,192,493</b>
<b>CURRENT LIABILITIES</b>			
Payables	166,102	202,449	204,987
Accrued employee benefits	3,196	14,494	14,500
Interest bearing liabilities and derivatives	..	279	279
Provisions	..	..	..
Other	18,908	2,161	2,161
<b>Total current liabilities</b>	<b>188,206</b>	<b>219,383</b>	<b>221,927</b>
<b>NON-CURRENT LIABILITIES</b>			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	64	64
Provisions	..	..	..
Other	38,247	36,281	34,316
<b>Total non-current liabilities</b>	<b>38,247</b>	<b>36,345</b>	<b>34,380</b>
<b>TOTAL LIABILITIES</b>	<b>226,453</b>	<b>255,728</b>	<b>256,307</b>
<b>NET ASSETS/(LIABILITIES)</b>	<b>1,786,891</b>	<b>1,797,954</b>	<b>1,936,186</b>
<b>EQUITY</b>			
<b>TOTAL EQUITY</b>	<b>1,786,891</b>	<b>1,797,954</b>	<b>1,936,186</b>

# Cash flow statement

Gold Coast Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Inflows:</b>			
User charges and fees	2,105,003	2,297,433	2,387,419
Grants and other contributions	12,987	15,225	15,225
Interest and distribution from managed funds received	110	158	158
Other	19,468	20,993	20,993
<b>Outflows:</b>			
Employee costs	(230,872)	(249,044)	(262,616)
Supplies and services	(1,781,014)	(1,950,755)	(2,021,220)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(21,040)	(21,168)	(22,726)
<b>Net cash provided by or used in operating activities</b>	<b>104,642</b>	<b>112,842</b>	<b>117,233</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Inflows:</b>			
Sales of non-financial assets	86	620	620
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
<b>Outflows:</b>			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
<b>Net cash provided by or used in investing activities</b>	<b>86</b>	<b>620</b>	<b>620</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Inflows:</b>			
Borrowings	..	..	..
Equity injections	..	158	..
<b>Outflows:</b>			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	(102,896)	(111,826)	(116,217)
<b>Net cash provided by or used in financing activities</b>	<b>(102,896)</b>	<b>(111,668)</b>	<b>(116,217)</b>
<b>Net increase/(decrease) in cash held</b>	<b>1,832</b>	<b>1,794</b>	<b>1,636</b>
<b>Cash at the beginning of financial year</b>	<b>143,238</b>	<b>132,164</b>	<b>133,958</b>
Cash transfers from restructure	..	..	..
<b>Cash at the end of financial year</b>	<b>145,070</b>	<b>133,958</b>	<b>135,594</b>

# Mackay Hospital and Health Service

## Overview

Mackay Hospital and Health Service's (HHS) vision is 'Delivering Queensland's Best Rural and Regional Health Care'.

Our purpose is to deliver outstanding healthcare services to our communities through our people and partners, enabled by our strategic objectives:

- Inspired people.
- Exceptional patient experiences.
- Excellence in integrated care.
- Sustainable service delivery.

### Contribution to the government's objectives for the community

The agency supports the government's objectives for the community<sup>1</sup>:

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

### Key deliverables

In 2024–25, Mackay HHS will:

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

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<sup>1</sup> To find out more, go to [www.qld.gov.au](http://www.qld.gov.au) and search "government's objectives for the community."

# Performance statement

## Mackay Hospital and Health Service

### Objective

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

### Description

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

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Percentage of emergency department patients seen within recommended timeframes <sup>1</sup>			
<ul style="list-style-type: none"> <li>Category 1 (within 2 minutes)</li> <li>Category 2 (within 10 minutes)</li> <li>Category 3 (within 30 minutes)</li> <li>Category 4 (within 60 minutes)</li> <li>Category 5 (within 120 minutes)</li> </ul>	100%	100%	100%
	80%	97%	80%
	75%	89%	75%
	70%	93%	70%
	70%	98%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department <sup>1</sup>	>80%	72%	>80%
Percentage of elective surgery patients treated within the clinically recommended times <sup>2</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>3</sup></li> <li>Category 3 (365 days)<sup>3</sup></li> </ul>	>98%	83%	>98%
	..	45%	>95%
	..	31%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days <sup>4</sup>	≤1.0	0.7	≤1.0
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit <sup>5</sup>	>65%	50.3%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge <sup>6</sup>	<12%	15.2%	<12%
Percentage of specialist outpatients waiting within clinically recommended times <sup>7</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>8</sup></li> <li>Category 3 (365 days)<sup>8</sup></li> </ul>	70%	50%	70%
	..	25%	..
	..	53%	..
Percentage of specialist outpatients seen within clinically recommended times <sup>9</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>8</sup></li> <li>Category 3 (365 days)<sup>8</sup></li> </ul>	81%	61%	81%
	..	32%	..
	..	88%	..
Median wait time for treatment in emergency departments (minutes) <sup>1,10</sup>	..	9	..
Median wait time for elective surgery treatment (days) <sup>2</sup>	..	34	..

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Efficiency measure</b>			
Average cost per weighted activity unit for Activity Based Funding facilities <sup>11</sup>	\$5,297	\$6,126	\$5,803
<b>Other measures</b>			
Number of elective surgery patients treated within clinically recommended times <sup>2,12</sup>			
• Category 1 (30 days)	1,474	1,322	1,561
• Category 2 (90 days) <sup>3</sup>	..	466	806
• Category 3 (365 days) <sup>3</sup>	..	116	253
Number of Telehealth outpatients service events <sup>13</sup>	18,236	18,614	21,230
Total weighted activity units (WAU) <sup>14</sup>			
• Acute Inpatients	48,048	50,062	50,242
• Outpatients	12,033	12,882	12,543
• Sub-acute	4,800	5,678	5,298
• Emergency Department	16,076	14,123	15,793
• Mental Health	3,844	3,390	3,735
• Prevention and Primary Care	1,438	1,516	1,499
Ambulatory mental health service contact duration (hours) <sup>15</sup>	>27,854	23,454	>27,854

Notes:

- Emergency department 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024.
- Elective surgery measures 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024.
- Treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2023–24 due to the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery. The targets have been reinstated for 2024–25.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2023–24 Estimated Actual rate is based on data reported between 1 July 2023 and 31 December 2023.
- Mental Health rate of community follow up 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Mental Health readmissions 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Waiting within clinically recommended time is a point in time performance measure. 2023–24 Estimated Actual is as at 30 April 2024.
- 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 targets for category 2 and 3 patients are not applicable.
- Seen in time 2023–24 Estimated Actual is for the period 1 July 2023 to 30 April 2024.
- There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
- The 2023–24 Target/Estimate varies from the published 2023–24 *Service Delivery Statements* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Elective surgery performed in public hospitals. Treated volume 2023–24 Estimated Actual is a 12-month projection based on the period 1 July 2023 to 30 April 2024.
- Telehealth 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 30 April 2024. The 2024–25 targets are set using the first 6 months of 2023–24 actuals and take into consideration the operational and strategic requirements for each HHS.
- The 2023–24 Target/Estimate varies from the published 2023–24 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. The 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
- Ambulatory Mental Health service contact duration 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024.

## Staffing

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

Service area	2023–24 Budget	2023–24 Est. Actual	2024–25 Budget
<b>Total FTEs</b>	2,748	2,814	2,808



# Income statement

Mackay Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>INCOME</b>			
User charges and fees	592,395	649,066	657,280
Grants and other contributions	15,438	16,501	16,616
Interest and distributions from managed funds	..	..	..
Other revenue	5,270	4,630	4,630
Gains on sale/revaluation of assets	1	1	1
<b>Total income</b>	<b>613,104</b>	<b>670,198</b>	<b>678,527</b>
<b>EXPENSES</b>			
Employee expenses	60,651	66,698	68,700
Supplies and Services:			
Other supplies and services	160,916	175,620	173,231
Department of Health contract staff	346,934	377,958	388,847
Grants and subsidies	10	10	10
Depreciation and amortisation	33,024	37,999	35,198
Finance/borrowing costs	..	..	..
Other expenses	11,255	11,599	12,227
Losses on sale/revaluation of assets	314	314	314
<b>Total expenses</b>	<b>613,104</b>	<b>670,198</b>	<b>678,527</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>..</b>	<b>..</b>	<b>..</b>

# Balance sheet

Mackay Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CURRENT ASSETS</b>			
Cash assets	14,007	20,328	20,798
Receivables	12,949	11,236	12,284
Other financial assets	..	..	..
Inventories	4,133	4,741	4,841
Other	4,710	11,786	11,796
Non-financial assets held for sale	..	..	..
<b>Total current assets</b>	<b>35,799</b>	<b>48,091</b>	<b>49,719</b>
<b>NON-CURRENT ASSETS</b>			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	404,721	425,360	409,407
Intangibles	24	24	14
Other	..	..	..
<b>Total non-current assets</b>	<b>404,745</b>	<b>425,384</b>	<b>409,421</b>
<b>TOTAL ASSETS</b>	<b>440,544</b>	<b>473,475</b>	<b>459,140</b>
<b>CURRENT LIABILITIES</b>			
Payables	39,826	50,229	51,358
Accrued employee benefits	1,058	4,718	4,859
Interest bearing liabilities and derivatives	362	1,016	1,286
Provisions	..	..	..
Other	1,878	4,614	4,614
<b>Total current liabilities</b>	<b>43,124</b>	<b>60,577</b>	<b>62,117</b>
<b>NON-CURRENT LIABILITIES</b>			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	250	250
Provisions	..	..	..
Other	..	..	..
<b>Total non-current liabilities</b>	<b>..</b>	<b>250</b>	<b>250</b>
<b>TOTAL LIABILITIES</b>	<b>43,124</b>	<b>60,827</b>	<b>62,367</b>
<b>NET ASSETS/(LIABILITIES)</b>	<b>397,420</b>	<b>412,648</b>	<b>396,773</b>
<b>EQUITY</b>			
<b>TOTAL EQUITY</b>	<b>397,420</b>	<b>412,648</b>	<b>396,773</b>

# Cash flow statement

Mackay Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Inflows:</b>			
User charges and fees	592,750	649,421	657,635
Grants and other contributions	10,844	11,907	11,907
Interest and distribution from managed funds received	..	..	..
Other	13,668	13,028	13,028
<b>Outflows:</b>			
Employee costs	(60,510)	(66,557)	(68,559)
Supplies and services	(516,316)	(562,044)	(570,544)
Grants and subsidies	(10)	(10)	(10)
Borrowing costs	..	..	..
Other	(7,241)	(7,585)	(8,098)
<b>Net cash provided by or used in operating activities</b>	<b>33,185</b>	<b>38,160</b>	<b>35,359</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Inflows:</b>			
Sales of non-financial assets	309	309	309
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
<b>Outflows:</b>			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
<b>Net cash provided by or used in investing activities</b>	<b>309</b>	<b>309</b>	<b>309</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Inflows:</b>			
Borrowings	..	..	..
Equity injections	634	862	1,045
<b>Outflows:</b>			
Borrowing redemptions	..	..	..
Finance lease payments	(694)	(862)	(1,045)
Equity withdrawals	(33,024)	(37,999)	(35,198)
<b>Net cash provided by or used in financing activities</b>	<b>(33,084)</b>	<b>(37,999)</b>	<b>(35,198)</b>
<b>Net increase/(decrease) in cash held</b>	<b>410</b>	<b>470</b>	<b>470</b>
<b>Cash at the beginning of financial year</b>	<b>13,597</b>	<b>19,858</b>	<b>20,328</b>
Cash transfers from restructure	..	..	..
<b>Cash at the end of financial year</b>	<b>14,007</b>	<b>20,328</b>	<b>20,798</b>

# Metro North Hospital and Health Service

## Overview

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

Metro North HHS's objectives are to:

- Always put people first.
- Improve health equity, access, quality, safety and health outcomes.
- Deliver value-based health services through a culture of research, education, learning and innovation.
- Be accountable for delivery of sustainable services, high performance and excellent patient outcomes.

Metro North HHS delivers public hospital and health services to the Metro North community, together with a range of statewide health services.

### Contribution to the government's objectives for the community

The agency supports the government's objectives for the community<sup>1</sup>:

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

### Key deliverables

In 2024–25, Metro North HHS will:

- continue to implement, monitor and report on the *Metro North Health Equity Strategy 2022–2025*
- work with community and partners to improve patient outcomes and experience, and address sustainability issues
- continue to drive innovation in health services through research, new approaches and partnerships
- deliver the new Crisis Stabilisation Facility at The Prince Charles Hospital by September 2024
- complete the Caboolture Hospital redevelopment, including selected refurbishment of the existing hospital building, which includes establishment of a new chemotherapy service
- progress commissioning and commencement of services at Bribie Island Satellite Hospital
- work with our partners on the planning, design and delivery for Redcliffe Hospital Expansion, The Prince Charles Hospital Expansion and Queensland Cancer Centre
- complete construction of the new multistorey car park at The Prince Charles Hospital.

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<sup>1</sup> To find out more, go to [www.qld.gov.au](http://www.qld.gov.au) and search “government’s objectives for the community.”

# Performance statement

## Metro North Hospital and Health Service

### Objective

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

### Description

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

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Percentage of emergency department patients seen within recommended timeframes <sup>1</sup>			
<ul style="list-style-type: none"> <li>Category 1 (within 2 minutes)</li> <li>Category 2 (within 10 minutes)</li> <li>Category 3 (within 30 minutes)</li> <li>Category 4 (within 60 minutes)</li> <li>Category 5 (within 120 minutes)</li> </ul>	100%	100%	100%
	80%	67%	80%
	75%	56%	75%
	70%	73%	70%
	70%	91%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department <sup>1</sup>	>80%	52%	>80%
Percentage of elective surgery patients treated within the clinically recommended times <sup>2</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>3</sup></li> <li>Category 3 (365 days)<sup>3</sup></li> </ul>	>98%	90%	>98%
	..	85%	>95%
	..	94%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days <sup>4</sup>	≤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 <sup>5</sup>	>65%	57.2%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge <sup>6</sup>	<12%	7.6%	<12%
Percentage of specialist outpatients waiting within clinically recommended times <sup>7</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>8</sup></li> <li>Category 3 (365 days)<sup>8</sup></li> </ul>	56%	55%	56%
	..	49%	..
	..	83%	..
Percentage of specialist outpatients seen within clinically recommended times <sup>9</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>8</sup></li> <li>Category 3 (365 days)<sup>8</sup></li> </ul>	81%	73%	81%
	..	51%	..
	..	76%	..
Median wait time for treatment in emergency departments (minutes) <sup>1,10</sup>	..	22	..
Median wait time for elective surgery treatment (days) <sup>2</sup>	..	40	..

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Efficiency measure</b>			
Average cost per weighted activity unit for Activity Based Funding facilities <sup>11</sup>	\$5,553	\$6,095	\$6,128
<b>Other measures</b>			
Number of elective surgery patients treated within clinically recommended times <sup>2,12</sup>			
• Category 1 (30 days)	11,807	11,434	12,449
• Category 2 (90 days) <sup>3</sup>	..	10,111	11,156
• Category 3 (365 days) <sup>3</sup>	..	6,709	6,717
Number of Telehealth outpatients service events <sup>13</sup>	72,000	93,558	99,000
Total weighted activity units (WAU) <sup>14</sup>			
• Acute Inpatients	307,331	314,226	315,439
• Outpatients	110,979	112,355	115,373
• Sub-acute	31,040	34,981	33,071
• Emergency Department	66,225	53,344	73,386
• Mental Health	34,679	36,755	35,213
• Prevention and Primary Care	7,895	8,660	7,967
Ambulatory mental health service contact duration (hours) <sup>15</sup>	>171,919	120,786	>171,919

Notes:

- Emergency department 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024.
- Elective surgery measures 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024.
- Treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2023–24 due to the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery. The targets have been reinstated for 2024–25.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2023–24 Estimated Actual rate is based on data reported between 1 July 2023 and 31 December 2023.
- Mental Health rate of community follow up 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Mental Health readmissions 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Waiting within clinically recommended time is a point in time performance measure. 2023–24 Estimated Actual is as at 30 April 2024.
- 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 targets for category 2 and 3 patients are not applicable.
- Seen in time 2023–24 Estimated Actual is for the period 1 July 2023 to 30 April 2024.
- There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
- The 2023–24 Target/Estimate varies from the published 2023–24 *Service Delivery Statements* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Elective surgery performed in public hospitals. Treated volume 2023–24 Estimated Actual is a 12-month projection based on the period 1 July 2023 to 30 April 2024.
- Telehealth 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 30 April 2024. The 2024–25 targets are set using the first 6 months of 2023–24 actuals and take into consideration the operational and strategic requirements for each HHS.
- The 2023–24 Target/Estimate varies from the published 2023–24 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. The 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
- Ambulatory Mental Health service contact duration 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024.

## Staffing

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

Service area	2023–24 Budget	2023–24 Est. Actual	2024–25 Budget
<b>Total FTEs</b>	18,965	19,581	20,114

# Income statement

Metro North Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>INCOME</b>			
User charges and fees	3,938,375	4,246,084	4,344,806
Grants and other contributions	51,078	58,355	61,398
Interest and distributions from managed funds	986	2,001	1,903
Other revenue	4,438	6,343	5,788
Gains on sale/revaluation of assets	728	97	26
<b>Total income</b>	<b>3,995,605</b>	<b>4,312,880</b>	<b>4,413,921</b>
<b>EXPENSES</b>			
Employee expenses	482,796	521,499	538,414
Supplies and Services:			
Other supplies and services	880,046	959,474	937,103
Department of Health contract staff	2,364,969	2,554,333	2,637,186
Grants and subsidies	783	1,354	1,993
Depreciation and amortisation	171,840	184,278	189,295
Finance/borrowing costs	8,498	7,568	8,710
Other expenses	78,512	73,618	90,142
Losses on sale/revaluation of assets	8,161	10,756	11,078
<b>Total expenses</b>	<b>3,995,605</b>	<b>4,312,880</b>	<b>4,413,921</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>..</b>	<b>..</b>	<b>..</b>



# Balance sheet

Metro North Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CURRENT ASSETS</b>			
Cash assets	210,491	234,022	237,481
Receivables	86,163	80,362	83,712
Other financial assets	..	..	..
Inventories	24,401	26,685	26,890
Other	14,881	16,178	16,464
Non-financial assets held for sale	..	..	..
<b>Total current assets</b>	<b>335,936</b>	<b>357,247</b>	<b>364,547</b>
<b>NON-CURRENT ASSETS</b>			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	2,171,984	2,439,654	2,349,884
Intangibles	5,413	6,234	3,303
Other	495	544	544
<b>Total non-current assets</b>	<b>2,177,892</b>	<b>2,446,432</b>	<b>2,353,731</b>
<b>TOTAL ASSETS</b>	<b>2,513,828</b>	<b>2,803,679</b>	<b>2,718,278</b>
<b>CURRENT LIABILITIES</b>			
Payables	276,803	314,501	328,152
Accrued employee benefits	28,025	10,759	15,591
Interest bearing liabilities and derivatives	27,086	20,273	20,273
Provisions	..	..	..
Other	5,376	4,846	4,846
<b>Total current liabilities</b>	<b>337,290</b>	<b>350,379</b>	<b>368,862</b>
<b>NON-CURRENT LIABILITIES</b>			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	369,000	378,517	351,569
Provisions	..	..	..
Other	3,148	2,551	2,551
<b>Total non-current liabilities</b>	<b>372,148</b>	<b>381,068</b>	<b>354,120</b>
<b>TOTAL LIABILITIES</b>	<b>709,438</b>	<b>731,447</b>	<b>722,982</b>
<b>NET ASSETS/(LIABILITIES)</b>	<b>1,804,390</b>	<b>2,072,232</b>	<b>1,995,296</b>
<b>EQUITY</b>			
<b>TOTAL EQUITY</b>	<b>1,804,390</b>	<b>2,072,232</b>	<b>1,995,296</b>

# Cash flow statement

Metro North Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Inflows:</b>			
User charges and fees	3,926,932	4,260,854	4,330,861
Grants and other contributions	24,085	28,334	29,439
Interest and distribution from managed funds received	986	2,001	1,903
Other	44,161	48,957	45,511
<b>Outflows:</b>			
Employee costs	(509,995)	(548,698)	(533,582)
Supplies and services	(3,266,180)	(3,608,524)	(3,601,292)
Grants and subsidies	(783)	(1,354)	(1,993)
Borrowing costs	(8,498)	(7,568)	(8,710)
Other	(51,568)	(43,618)	(58,184)
<b>Net cash provided by or used in operating activities</b>	<b>159,140</b>	<b>130,384</b>	<b>203,953</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Inflows:</b>			
Sales of non-financial assets	686	48	(17)
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
<b>Outflows:</b>			
Payments for non-financial assets	(7,345)	(8,176)	(6,682)
Payments for investments	..	..	..
Loans and advances made	..	..	..
<b>Net cash provided by or used in investing activities</b>	<b>(6,659)</b>	<b>(8,128)</b>	<b>(6,699)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Inflows:</b>			
Borrowings	..	..	..
Equity injections	22,448	22,448	22,448
<b>Outflows:</b>			
Borrowing redemptions	..	..	..
Finance lease payments	(26,948)	(26,948)	(26,948)
Equity withdrawals	(171,840)	(184,278)	(189,295)
<b>Net cash provided by or used in financing activities</b>	<b>(176,340)</b>	<b>(188,778)</b>	<b>(193,795)</b>
<b>Net increase/(decrease) in cash held</b>	<b>(23,859)</b>	<b>(66,522)</b>	<b>3,459</b>
<b>Cash at the beginning of financial year</b>	<b>234,350</b>	<b>300,544</b>	<b>234,022</b>
Cash transfers from restructure	..	..	..
<b>Cash at the end of financial year</b>	<b>210,491</b>	<b>234,022</b>	<b>237,481</b>

# Metro South Hospital and Health Service

## Overview

Metro South Hospital and Health Service's (HHS) vision is that together we will create Australia's healthiest community. 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.
- Projecting our future through sustainability.

### Contribution to the government's objectives for the community

The agency supports the government's objectives for the community<sup>1</sup>:

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

### Key deliverables

In 2024–25, Metro South HHS will:

- provide high quality care that is safe, timely and respectful
- partner with consumers and prioritise their needs and experiences
- improve health equity for our community
- understand and meet the diverse needs of all people in our community, including First Nations peoples.
- improve workforce capability and capacity through education and training, so that our people can best serve the community
- support research and innovation in collaboration with our partners to enhance the healthcare we deliver
- harness digital health to improve access, insights and patient outcomes
- meet the community's health needs of today while planning for the future to ensure sustainability
- work with our partners on the design and delivery of the Capacity Expansion Program at the Princess Alexandra Hospital, QEII Jubilee Hospital, Logan Hospital and Redlands Hospital.

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<sup>1</sup> To find out more, go to [www.qld.gov.au](http://www.qld.gov.au) and search "government's objectives for the community."

# Performance statement

## Metro South Hospital and Health Service

### Objective

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

### Description

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

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Percentage of emergency department patients seen within recommended timeframes <sup>1</sup>			
<ul style="list-style-type: none"> <li>Category 1 (within 2 minutes)</li> <li>Category 2 (within 10 minutes)</li> <li>Category 3 (within 30 minutes)</li> <li>Category 4 (within 60 minutes)</li> <li>Category 5 (within 120 minutes)</li> </ul>	100%	100%	100%
	80%	59%	80%
	75%	60%	75%
	70%	74%	70%
	70%	91%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department <sup>1</sup>	>80%	48%	>80%
Percentage of elective surgery patients treated within the clinically recommended times <sup>2</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>3</sup></li> <li>Category 3 (365 days)<sup>3</sup></li> </ul>	>98%	79%	>98%
	..	69%	>95%
	..	83%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days <sup>4</sup>	≤1.0	0.7	≤1.0
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit <sup>5</sup>	>65%	62.3%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge <sup>6</sup>	<12%	10.0%	<12%
Percentage of specialist outpatients waiting within clinically recommended times <sup>7</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>8</sup></li> <li>Category 3 (365 days)<sup>8</sup></li> </ul>	45%	49%	45%
	..	37%	..
	..	72%	..
Percentage of specialist outpatients seen within clinically recommended times <sup>9</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>8</sup></li> <li>Category 3 (365 days)<sup>8</sup></li> </ul>	75%	72%	75%
	..	44%	..
	..	71%	..
Median wait time for treatment in emergency departments (minutes) <sup>1,10</sup>	..	16	..
Median wait time for elective surgery treatment (days) <sup>2</sup>	..	39	..

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Efficiency measure</b>			
Average cost per weighted activity unit for Activity Based Funding facilities <sup>11</sup>	\$5,564	\$5,683	\$5,991
<b>Other measures</b>			
Number of elective surgery patients treated within clinically recommended times <sup>2,12</sup>			
• Category 1 (30 days)	10,631	9,433	11,661
• Category 2 (90 days) <sup>3</sup>	..	6,300	8,551
• Category 3 (365 days) <sup>3</sup>	..	4,106	4,657
Number of Telehealth outpatients service events <sup>13</sup>	36,602	32,745	40,000
Total weighted activity units (WAU) <sup>14</sup>			
• Acute Inpatients	255,493	254,883	268,983
• Outpatients	94,314	95,351	102,810
• Sub-acute	41,303	42,753	45,585
• Emergency Department	51,109	51,205	57,437
• Mental Health	27,204	26,918	28,147
• Prevention and Primary Care	8,047	8,296	8,123
Ambulatory mental health service contact duration (hours) <sup>15</sup>	>174,933	129,980	>174,933

Notes:

- Emergency department 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024.
- Elective surgery measures 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024.
- Treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2023–24 due to the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery. The targets have been reinstated for 2024–25.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2023–24 Estimated Actual rate is based on data reported between 1 July 2023 and 31 December 2023.
- Mental Health rate of community follow up 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Mental Health readmissions 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Waiting within clinically recommended time is a point in time performance measure. 2023–24 Estimated Actual is as at 30 April 2024.
- 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 targets for category 2 and 3 patients are not applicable.
- Seen in time 2023–24 Estimated Actual is for the period 1 July 2023 to 30 April 2024.
- There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
- The 2023–24 Target/Estimate varies from the published 2023–24 *Service Delivery Statements* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Elective surgery performed in public hospitals. Treated volume 2023–24 Estimated Actual is a 12-month projection based on the period 1 July 2023 to 30 April 2024.
- Telehealth 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 30 April 2024. The 2024–25 targets are set using the first 6 months of 2023–24 actuals and take into consideration the operational and strategic requirements for each HHS.
- The 2023–24 Target/Estimate varies from the published 2023–24 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. The 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
- Ambulatory Mental Health service contact duration 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024.

## Staffing

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

Service area	2023–24 Budget	2023–24 Est. Actual	2024–25 Budget
<b>Total FTEs</b>	15,437	16,390	16,697

# Income statement

Metro South Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>INCOME</b>			
User charges and fees	3,281,908	3,514,553	3,649,026
Grants and other contributions	54,477	61,298	61,298
Interest and distributions from managed funds	143	766	766
Other revenue	13,379	13,171	13,171
Gains on sale/revaluation of assets	128	198	198
<b>Total income</b>	<b>3,350,035</b>	<b>3,589,986</b>	<b>3,724,459</b>
<b>EXPENSES</b>			
Employee expenses	364,002	397,032	404,691
Supplies and Services:			
Other supplies and services	784,635	831,651	882,788
Department of Health contract staff	2,007,121	2,155,447	2,243,401
Grants and subsidies	921	2,708	906
Depreciation and amortisation	131,403	139,274	126,709
Finance/borrowing costs	255	273	218
Other expenses	59,985	61,888	64,033
Losses on sale/revaluation of assets	1,713	1,713	1,713
<b>Total expenses</b>	<b>3,350,035</b>	<b>3,589,986</b>	<b>3,724,459</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>..</b>	<b>..</b>	<b>..</b>

# Balance sheet

Metro South Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CURRENT ASSETS</b>			
Cash assets	77,221	64,082	78,612
Receivables	67,651	73,258	74,362
Other financial assets	..	..	..
Inventories	22,152	22,570	22,715
Other	7,751	5,626	5,626
Non-financial assets held for sale	..	..	..
<b>Total current assets</b>	<b>174,775</b>	<b>165,536</b>	<b>181,315</b>
<b>NON-CURRENT ASSETS</b>			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	1,462,304	1,524,885	2,001,870
Intangibles	..	1	49
Other	..	..	..
<b>Total non-current assets</b>	<b>1,462,304</b>	<b>1,524,886</b>	<b>2,001,919</b>
<b>TOTAL ASSETS</b>	<b>1,637,079</b>	<b>1,690,422</b>	<b>2,183,234</b>
<b>CURRENT LIABILITIES</b>			
Payables	211,398	210,848	225,610
Accrued employee benefits	8,530	12,304	14,204
Interest bearing liabilities and derivatives	1,082	1,631	1,513
Provisions	..	..	..
Other	1,163	1,163	1,163
<b>Total current liabilities</b>	<b>222,173</b>	<b>225,946</b>	<b>242,490</b>
<b>NON-CURRENT LIABILITIES</b>			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	6,207	6,041	4,958
Provisions	..	..	..
Other	8,860	8,889	7,698
<b>Total non-current liabilities</b>	<b>15,067</b>	<b>14,930</b>	<b>12,656</b>
<b>TOTAL LIABILITIES</b>	<b>237,240</b>	<b>240,876</b>	<b>255,146</b>
<b>NET ASSETS/(LIABILITIES)</b>	<b>1,399,839</b>	<b>1,449,546</b>	<b>1,928,088</b>
<b>EQUITY</b>			
<b>TOTAL EQUITY</b>	<b>1,399,839</b>	<b>1,449,546</b>	<b>1,928,088</b>



# Cash flow statement

Metro South Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Inflows:</b>			
User charges and fees	3,287,579	3,528,838	3,655,029
Grants and other contributions	30,633	36,919	37,454
Interest and distribution from managed funds received	143	766	766
Other	66,103	65,936	67,243
<b>Outflows:</b>			
Employee costs	(362,102)	(410,782)	(402,791)
Supplies and services	(2,833,630)	(3,103,083)	(3,167,287)
Grants and subsidies	(921)	(2,708)	(906)
Borrowing costs	(255)	(273)	(218)
Other	(43,726)	(45,848)	(47,964)
<b>Net cash provided by or used in operating activities</b>	<b>143,824</b>	<b>69,765</b>	<b>141,326</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Inflows:</b>			
Sales of non-financial assets	128	198	198
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
<b>Outflows:</b>			
Payments for non-financial assets	(34)	(1,692)	(1,650)
Payments for investments	..	..	..
Loans and advances made	..	..	..
<b>Net cash provided by or used in investing activities</b>	<b>94</b>	<b>(1,494)</b>	<b>(1,452)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Inflows:</b>			
Borrowings	..	..	..
Equity injections	2,763	2,910	1,420
<b>Outflows:</b>			
Borrowing redemptions	..	..	..
Finance lease payments	(2,508)	(2,638)	(1,201)
Equity withdrawals	(130,257)	(141,419)	(125,563)
<b>Net cash provided by or used in financing activities</b>	<b>(130,002)</b>	<b>(141,147)</b>	<b>(125,344)</b>
<b>Net increase/(decrease) in cash held</b>	<b>13,916</b>	<b>(72,876)</b>	<b>14,530</b>
<b>Cash at the beginning of financial year</b>	<b>63,305</b>	<b>136,958</b>	<b>64,082</b>
Cash transfers from restructure	..	..	..
<b>Cash at the end of financial year</b>	<b>77,221</b>	<b>64,082</b>	<b>78,612</b>

# North West Hospital and Health Service

## Overview

The vision of the North West 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.

### Contribution to the government's objectives for the community

The agency supports the government's objectives for the community<sup>1</sup>:

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

### Key deliverables

In 2024–25, North West HHS will:

- advance the *North West Health Equity Strategy 2022-2025*
- implement the priorities of the digital strategy for rural and remote health
- progress the health capital program including:
  - new hospital builds commencing at Normanton, Camooweal and Doomadgee
  - staff accommodation at Dajarra, Mount Isa and Camooweal
  - mental health outpatients building at Doomadgee
  - water treatment plant upgrades Cloncurry and Doomadgee
  - electrical works at Cloncurry with new generator and switch board.

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<sup>1</sup> To find out more, go to [www.qld.gov.au](http://www.qld.gov.au) and search “government’s objectives for the community.”

# Performance statement

## North West Hospital and Health Service

### Objective

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

### Description

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

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Percentage of emergency department patients seen within recommended timeframes <sup>1</sup>			
<ul style="list-style-type: none"> <li>Category 1 (within 2 minutes)</li> <li>Category 2 (within 10 minutes)</li> <li>Category 3 (within 30 minutes)</li> <li>Category 4 (within 60 minutes)</li> <li>Category 5 (within 120 minutes)</li> </ul>	100%	100%	100%
	80%	89%	80%
	75%	83%	75%
	70%	85%	70%
	70%	97%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department <sup>1</sup>	>80%	87%	>80%
Percentage of elective surgery patients treated within the clinically recommended times <sup>2</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>3</sup></li> <li>Category 3 (365 days)<sup>3</sup></li> </ul>	>98%	92%	>98%
	..	89%	>95%
	..	98%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days <sup>4</sup>	≤1.0	0.0	≤1.0
Percentage of specialist outpatients waiting within clinically recommended times <sup>5</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>6</sup></li> <li>Category 3 (365 days)<sup>6</sup></li> </ul>	98%	49%	98%
	..	52%	..
	..	47%	..
Percentage of specialist outpatients seen within clinically recommended times <sup>7</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>6</sup></li> <li>Category 3 (365 days)<sup>6</sup></li> </ul>	98%	62%	98%
	..	65%	..
	..	60%	..
Median wait time for treatment in emergency departments (minutes) <sup>1,8</sup>	..	11	..
Median wait time for elective surgery treatment (days) <sup>2</sup>	..	25	..
<b>Efficiency measure</b>			
Average cost per weighted activity unit for Activity Based Funding facilities <sup>9</sup>	\$6,186	\$6,799	\$7,011

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Other measures</b>			
Number of elective surgery patients treated within clinically recommended times <sup>2,10</sup>			
• Category 1 (30 days)	288	294	311
• Category 2 (90 days) <sup>3</sup>	..	192	201
• Category 3 (365 days) <sup>3</sup>	..	94	90
Number of Telehealth outpatients service events <sup>11</sup>	5,795	4,563	5,795
Total weighted activity units (WAU) <sup>12</sup>			
• Acute Inpatients	11,505	10,383	11,509
• Outpatients	3,130	4,525	3,127
• Sub-acute	1,482	1,288	1,486
• Emergency Department	6,955	7,529	7,002
• Mental Health	308	295	339
• Prevention and Primary Care	419	389	494
Ambulatory mental health service contact duration (hours) <sup>13</sup>	>7,591	4,032	>7,591

Notes:

- Emergency department 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024
- Elective surgery measures 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024.
- Treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2023–24 due to the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery. The targets have been reinstated for 2024–25.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2023–24 Estimated Actual rate is based on data reported between 1 July 2023 and 31 December 2023.
- Waiting within clinically recommended time is a point in time performance measure. 2023–24 Estimated Actual is as at 30 April 2024.
- 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 targets for category 2 and 3 patients are not applicable.
- Seen in time 2023–24 Estimated Actual is for the period 1 July 2023 to 30 April 2024.
- There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
- The 2023–24 Target/Estimate varies from the published 2023–24 *Service Delivery Statements* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Elective surgery performed in public hospitals. Treated volume 2023–24 Estimated Actual is a 12-month projection based on the period 1 July 2023 to 30 April 2024.
- Telehealth 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 30 April 2024. The 2024–25 targets are set using the first 6 months of 2023–24 actuals and take into consideration the operational and strategic requirements for each HHS.
- The 2023–24 Target/Estimate varies from the published 2023–24 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. The 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
- Ambulatory Mental Health service contact duration 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024.

## Staffing

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

Service area	2023–24 Budget	2023–24 Est. Actual	2024–25 Budget
<b>Total FTEs</b>	845	863	868

# Income statement

North West Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>INCOME</b>			
User charges and fees	237,092	257,228	268,133
Grants and other contributions	4,498	5,410	5,038
Interest and distributions from managed funds	4	18	18
Other revenue	1,113	1,311	1,131
Gains on sale/revaluation of assets	..	..	..
<b>Total income</b>	<b>242,707</b>	<b>263,967</b>	<b>274,320</b>
<b>EXPENSES</b>			
Employee expenses	30,682	40,873	54,644
Supplies and Services:			
Other supplies and services	82,478	88,324	80,114
Department of Health contract staff	112,129	113,925	116,699
Grants and subsidies	423	725	750
Depreciation and amortisation	12,682	15,645	16,444
Finance/borrowing costs	..	..	..
Other expenses	4,051	3,881	5,555
Losses on sale/revaluation of assets	262	594	114
<b>Total expenses</b>	<b>242,707</b>	<b>263,967</b>	<b>274,320</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>..</b>	<b>..</b>	<b>..</b>

# Balance sheet

North West Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CURRENT ASSETS</b>			
Cash assets	1,149	8,850	9,015
Receivables	2,269	2,497	3,551
Other financial assets	..	..	..
Inventories	1,676	1,672	1,672
Other	833	1,048	1,048
Non-financial assets held for sale	..	..	..
<b>Total current assets</b>	<b>5,927</b>	<b>14,067</b>	<b>15,286</b>
<b>NON-CURRENT ASSETS</b>			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	129,597	135,897	182,804
Intangibles	..	..	..
Other	300	199	199
<b>Total non-current assets</b>	<b>129,897</b>	<b>136,096</b>	<b>183,003</b>
<b>TOTAL ASSETS</b>	<b>135,824</b>	<b>150,163</b>	<b>198,289</b>
<b>CURRENT LIABILITIES</b>			
Payables	18,745	19,473	19,473
Accrued employee benefits	363	777	777
Interest bearing liabilities and derivatives	2,852	2,298	2,431
Provisions	..	..	..
Other	862	5,363	5,363
<b>Total current liabilities</b>	<b>22,822</b>	<b>27,911</b>	<b>28,044</b>
<b>NON-CURRENT LIABILITIES</b>			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	871	2,714	2,581
Provisions	..	..	..
Other	..	..	..
<b>Total non-current liabilities</b>	<b>871</b>	<b>2,714</b>	<b>2,581</b>
<b>TOTAL LIABILITIES</b>	<b>23,693</b>	<b>30,625</b>	<b>30,625</b>
<b>NET ASSETS/(LIABILITIES)</b>	<b>112,131</b>	<b>119,538</b>	<b>167,664</b>
<b>EQUITY</b>			
<b>TOTAL EQUITY</b>	<b>112,131</b>	<b>119,538</b>	<b>167,664</b>

# Cash flow statement

North West Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Inflows:</b>			
User charges and fees	236,887	265,245	268,074
Grants and other contributions	3,037	4,458	3,540
Interest and distribution from managed funds received	4	18	18
Other	5,344	5,124	4,310
<b>Outflows:</b>			
Employee costs	(30,653)	(41,980)	(54,644)
Supplies and services	(197,463)	(209,987)	(201,101)
Grants and subsidies	(423)	(725)	(750)
Borrowing costs	..	..	..
Other	(2,590)	(2,499)	(4,057)
<b>Net cash provided by or used in operating activities</b>	<b>14,143</b>	<b>19,654</b>	<b>15,390</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Inflows:</b>			
Sales of non-financial assets	(2)	(416)	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
<b>Outflows:</b>			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
<b>Net cash provided by or used in investing activities</b>	<b>(2)</b>	<b>(416)</b>	<b>..</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Inflows:</b>			
Borrowings	..	..	..
Equity injections	1,287	1,343	1,219
<b>Outflows:</b>			
Borrowing redemptions	..	..	..
Finance lease payments	(259)	243	..
Equity withdrawals	(12,682)	(15,645)	(16,444)
<b>Net cash provided by or used in financing activities</b>	<b>(11,654)</b>	<b>(14,059)</b>	<b>(15,225)</b>
<b>Net increase/(decrease) in cash held</b>	<b>2,487</b>	<b>5,179</b>	<b>165</b>
<b>Cash at the beginning of financial year</b>	<b>(1,338)</b>	<b>3,671</b>	<b>8,850</b>
Cash transfers from restructure	..	..	..
<b>Cash at the end of financial year</b>	<b>1,149</b>	<b>8,850</b>	<b>9,015</b>



# South West Hospital and Health Service

## Overview

The vision of the South West Hospital and Health Service (HHS) is to be a trusted and valued leader in the delivery of health services to rural and remote communities.

Our purpose is to provide safe, effective, responsible and sustainable rural and remote health services in partnership that people trust and value through the following key strategic objectives:

- Our communities: enabling a strong primary care approach to deliver care that is safe, trusted, as close to home as possible and which closes the gap on health inequalities for all.
- Our resources: through fit-for-purpose infrastructure that demonstrates fiscal responsibility, investing in efficient and innovative assets to grow services for community benefit.
- Our services: strengthening local collaborative partnerships through co-design with our communities and partners to ensure the right service, in the right place, at the right time.

### Contribution to the government's objectives for the community

The agency supports the government's objectives for the community<sup>1</sup>:

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

### Key deliverables

In 2024–25, South West HHS will:

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

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<sup>1</sup> To find out more, go to [www.qld.gov.au](http://www.qld.gov.au) and search “government’s objectives for the community.”

# Performance statement

## South West Hospital and Health Service

### Objective

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

### Description

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

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Percentage of emergency department patients seen within recommended timeframes <sup>1</sup>			
<ul style="list-style-type: none"> <li>Category 1 (within 2 minutes)</li> <li>Category 2 (within 10 minutes)</li> <li>Category 3 (within 30 minutes)</li> <li>Category 4 (within 60 minutes)</li> <li>Category 5 (within 120 minutes)</li> </ul>	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 <sup>1</sup>	>80%	89%	>80%
Percentage of elective surgery patients treated within the clinically recommended times <sup>2</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>3</sup></li> <li>Category 3 (365 days)<sup>3</sup></li> </ul>	>98%	81%	>98%
	..	96%	>95%
	..	99%	>95%
Median wait time for treatment in emergency departments (minutes) <sup>1,4</sup>	..	3	..
Median wait time for elective surgery treatment (days) <sup>2</sup>	..	83	..
<b>Efficiency measure</b>			
Not identified			
<b>Other measures</b>			
Number of elective surgery patients treated within clinically recommended times <sup>2,5</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>3</sup></li> <li>Category 3 (365 days)<sup>3</sup></li> </ul>	127	112	135
	..	209	206
	..	604	579
Number of Telehealth outpatients service events <sup>6</sup>	5,534	4,242	4,350
Total weighted activity units (WAU) <sup>7</sup>			
<ul style="list-style-type: none"> <li>Acute Inpatients</li> <li>Outpatients</li> <li>Sub-acute</li> <li>Emergency Department</li> <li>Mental Health</li> <li>Prevention and Primary Care</li> </ul>	5,288	6,680	5,327
	1,826	1,878	1,814
	1,240	1,002	1,255
	3,244	2,885	3,275
	116	114	117
	365	487	433
Ambulatory mental health service contact duration (hours) <sup>8</sup>	>5,410	3,589	>5,410

Notes:

1. Emergency department 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024.
2. Elective surgery measures 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024.
3. Treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2023–24 due to the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery. The targets have been reinstated for 2024–25.
4. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
5. Elective surgery performed in public hospitals. Treated volume 2023–24 Estimated Actual is a 12-month projection based on the period 1 July 2023 to 30 April 2024.
6. Telehealth 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 30 April 2024. The 2024–25 targets are set using the first 6 months of 2023–24 actuals and take into consideration the operational and strategic requirements for each HHS.
7. The 2023–24 Target/Estimate varies from the published 2023–24 *Service Delivery Statements* due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. The 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
8. Ambulatory Mental Health service contact duration 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024.

## Staffing

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

Service area	2023–24 Budget	2023–24 Est. Actual	2024–25 Budget
<b>Total FTEs</b>	843	859	839

# Income statement

South West Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>INCOME</b>			
User charges and fees	190,847	199,132	206,964
Grants and other contributions	7,491	8,546	10,546
Interest and distributions from managed funds	20	20	20
Other revenue	372	457	457
Gains on sale/revaluation of assets	..	..	..
<b>Total income</b>	<b>198,730</b>	<b>208,155</b>	<b>217,987</b>
<b>EXPENSES</b>			
Employee expenses	18,672	19,749	23,181
Supplies and Services:			
Other supplies and services	48,536	53,920	50,562
Department of Health contract staff	115,304	117,440	125,977
Grants and subsidies	..	..	..
Depreciation and amortisation	14,401	15,216	16,433
Finance/borrowing costs	..	..	..
Other expenses	1,676	1,689	1,764
Losses on sale/revaluation of assets	141	141	70
<b>Total expenses</b>	<b>198,730</b>	<b>208,155</b>	<b>217,987</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>..</b>	<b>..</b>	<b>..</b>

# Balance sheet

South West Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CURRENT ASSETS</b>			
Cash assets	21,771	30,371	30,865
Receivables	4,002	4,381	4,421
Other financial assets	..	..	..
Inventories	1,942	2,279	2,283
Other	826	542	544
Non-financial assets held for sale	..	..	..
<b>Total current assets</b>	<b>28,541</b>	<b>37,573</b>	<b>38,113</b>
<b>NON-CURRENT ASSETS</b>			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	322,580	282,412	288,150
Intangibles	(2)	..	..
Other	..	..	..
<b>Total non-current assets</b>	<b>322,578</b>	<b>282,412</b>	<b>288,150</b>
<b>TOTAL ASSETS</b>	<b>351,119</b>	<b>319,985</b>	<b>326,263</b>
<b>CURRENT LIABILITIES</b>			
Payables	16,469	19,041	19,581
Accrued employee benefits	173	1,473	1,473
Interest bearing liabilities and derivatives	110	60	60
Provisions	..	..	..
Other	109	(344)	(344)
<b>Total current liabilities</b>	<b>16,861</b>	<b>20,230</b>	<b>20,770</b>
<b>NON-CURRENT LIABILITIES</b>			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	151	72	43
Provisions	..	..	..
Other	..	..	..
<b>Total non-current liabilities</b>	<b>151</b>	<b>72</b>	<b>43</b>
<b>TOTAL LIABILITIES</b>	<b>17,012</b>	<b>20,302</b>	<b>20,813</b>
<b>NET ASSETS/(LIABILITIES)</b>	<b>334,107</b>	<b>299,683</b>	<b>305,450</b>
<b>EQUITY</b>			
<b>TOTAL EQUITY</b>	<b>334,107</b>	<b>299,683</b>	<b>305,450</b>

# Cash flow statement

South West Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Inflows:</b>			
User charges and fees	190,757	199,042	206,900
Grants and other contributions	5,691	6,746	10,546
Interest and distribution from managed funds received	20	20	20
Other	5,067	5,152	5,152
<b>Outflows:</b>			
Employee costs	(18,672)	(19,749)	(23,181)
Supplies and services	(168,332)	(175,852)	(180,986)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(1,436)	(1,449)	(1,524)
<b>Net cash provided by or used in operating activities</b>	<b>13,095</b>	<b>13,910</b>	<b>16,927</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Inflows:</b>			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
<b>Outflows:</b>			
Payments for non-financial assets	(3,356)	(3,356)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
<b>Net cash provided by or used in investing activities</b>	<b>(3,356)</b>	<b>(3,356)</b>	<b>..</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Inflows:</b>			
Borrowings	..	..	..
Equity injections	28	28	29
<b>Outflows:</b>			
Borrowing redemptions	..	..	..
Finance lease payments	(28)	(28)	(29)
Equity withdrawals	(14,401)	(15,216)	(16,433)
<b>Net cash provided by or used in financing activities</b>	<b>(14,401)</b>	<b>(15,216)</b>	<b>(16,433)</b>
<b>Net increase/(decrease) in cash held</b>	<b>(4,662)</b>	<b>(4,662)</b>	<b>494</b>
<b>Cash at the beginning of financial year</b>	<b>26,433</b>	<b>35,033</b>	<b>30,371</b>
Cash transfers from restructure	..	..	..
<b>Cash at the end of financial year</b>	<b>21,771</b>	<b>30,371</b>	<b>30,865</b>

# Sunshine Coast Hospital and Health Service

## Overview

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

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.

### Contribution to the government's objectives for the community

The agency supports the government's objectives for the community<sup>1</sup>:

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

### Key deliverables

In 2024–25, Sunshine Coast HHS will:

- commission services following completion of the Nambour General Hospital redevelopment
- continue detailed planning for the Gympie Hospital redevelopment
- meet the implementation milestones for the Sunshine Coast HHS Aboriginal and Torres Strait Islander *Health Equity Strategy*
- commence the publicly funded homebirth program
- complete the ieMR expansion to our paper-based locations at Caloundra, Gympie and Maleny
- commence planning for cardiothoracic surgery and neurosurgery services
- bolster community Mental Health Alcohol and Other Drugs services at Caloundra and Nambour.

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<sup>1</sup> To find out more, go to [www.qld.gov.au](http://www.qld.gov.au) and search "government's objectives for the community."



# Performance statement

## Sunshine Coast Hospital and Health Service

### Objective

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

### Description

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

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Percentage of emergency department patients seen within recommended timeframes <sup>1</sup>			
<ul style="list-style-type: none"> <li>Category 1 (within 2 minutes)</li> <li>Category 2 (within 10 minutes)</li> <li>Category 3 (within 30 minutes)</li> <li>Category 4 (within 60 minutes)</li> <li>Category 5 (within 120 minutes)</li> </ul>	100%	100%	100%
	80%	78%	80%
	75%	74%	75%
	70%	75%	70%
	70%	85%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department <sup>1</sup>	>80%	65%	>80%
Percentage of elective surgery patients treated within the clinically recommended times <sup>2</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>3</sup></li> <li>Category 3 (365 days)<sup>3</sup></li> </ul>	>98%	77%	>98%
	..	74%	>95%
	..	86%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days <sup>4</sup>	≤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 <sup>5</sup>	>65%	62.8%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge <sup>6</sup>	<12%	9.4%	<12%
Percentage of specialist outpatients waiting within clinically recommended times <sup>7</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>8</sup></li> <li>Category 3 (365 days)<sup>8</sup></li> </ul>	80%	73%	80%
	..	48%	..
	..	79%	..
Percentage of specialist outpatients seen within clinically recommended times <sup>9</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>8</sup></li> <li>Category 3 (365 days)<sup>8</sup></li> </ul>	82%	84%	82%
	..	54%	..
	..	68%	..
Median wait time for treatment in emergency departments (minutes) <sup>1,10</sup>	..	15	..
Median wait time for elective surgery treatment (days) <sup>2</sup>	..	40	..

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Efficiency measure</b>			
Average cost per weighted activity unit for Activity Based Funding facilities <sup>11</sup>	\$5,445	\$5,542	\$6,012
<b>Other measures</b>			
Number of elective surgery patients treated within clinically recommended times <sup>2,12</sup>			
• Category 1 (30 days)	4,310	4,638	5,855
• Category 2 (90 days) <sup>3</sup>	..	3,642	4,636
• Category 3 (365 days) <sup>3</sup>	..	2,452	2,682
Number of Telehealth outpatients service events <sup>13</sup>	17,446	15,317	17,446
Total weighted activity units (WAU) <sup>14</sup>			
• Acute Inpatients	119,415	120,634	123,149
• Outpatients	37,139	41,485	38,883
• Sub-acute	11,217	12,844	12,811
• Emergency Department	29,918	28,349	30,783
• Mental Health	11,269	11,522	11,549
• Prevention and Primary Care	4,176	4,197	4,273
Ambulatory mental health service contact duration (hours) <sup>15</sup>	>64,184	60,833	>64,184

Notes:

- Emergency department 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024.
- Elective surgery measures 2023–24 Estimated Actuals are for the period 1 July 2023 to 30 April 2024.
- Treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2023–24 due to the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery. The targets have been reinstated for 2024–25.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2023–24 Estimated Actual rate is based on data reported between 1 July 2023 and 31 December 2023.
- Mental Health rate of community follow up 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Mental Health readmissions 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Waiting within clinically recommended time is a point in time performance measure. 2023–24 Estimated Actual is as at 30 April 2024.
- 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 targets for category 2 and 3 patients are not applicable.
- Seen in time 2023–24 Estimated Actual is for the period 1 July 2023 to 30 April 2024.
- There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
- The 2023–24 Target/Estimate varies from the published 2023–24 *Service Delivery Statements* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Elective surgery performed in public hospitals. Treated volume 2023–24 Estimated Actual is a 12-month projection based on the period 1 July 2023 to 30 April 2024.
- Telehealth 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 30 April 2024. The 2024–25 targets are set using the first 6 months of 2023–24 actuals and take into consideration the operational and strategic requirements for each HHS.
- The 2023–24 Target/Estimate varies from the published 2023–24 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. The 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 January 2024. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
- Ambulatory Mental Health service contact duration 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024.

## Staffing

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

Service area	2023–24 Budget	2023–24 Est. Actual	2024–25 Budget
<b>Total FTEs</b>	6,692	7,261	7,493

# Income statement

Sunshine Coast Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>INCOME</b>			
User charges and fees	1,570,580	1,724,219	1,756,137
Grants and other contributions	22,537	23,931	24,248
Interest and distributions from managed funds	338	450	459
Other revenue	14,944	14,231	14,503
Gains on sale/revaluation of assets	..	..	..
<b>Total income</b>	<b>1,608,399</b>	<b>1,762,831</b>	<b>1,795,347</b>
<b>EXPENSES</b>			
Employee expenses	195,273	193,363	198,218
Supplies and Services:			
Other supplies and services	339,563	383,192	390,905
Department of Health contract staff	856,587	946,783	970,551
Grants and subsidies	..	66	68
Depreciation and amortisation	147,371	167,412	161,943
Finance/borrowing costs	38,676	38,662	38,662
Other expenses	29,302	31,983	33,602
Losses on sale/revaluation of assets	1,627	1,370	1,398
<b>Total expenses</b>	<b>1,608,399</b>	<b>1,762,831</b>	<b>1,795,347</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>..</b>	<b>..</b>	<b>..</b>

# Balance sheet

Sunshine Coast Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CURRENT ASSETS</b>			
Cash assets	12,618	17,000	17,366
Receivables	28,469	26,833	27,379
Other financial assets	..	..	..
Inventories	6,675	7,912	8,053
Other	3,856	4,489	4,551
Non-financial assets held for sale	..	..	..
<b>Total current assets</b>	<b>51,618</b>	<b>56,234</b>	<b>57,349</b>
<b>NON-CURRENT ASSETS</b>			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	1,931,161	2,233,589	2,219,311
Intangibles	10,344	581	115
Other	..	..	..
<b>Total non-current assets</b>	<b>1,941,505</b>	<b>2,234,170</b>	<b>2,219,426</b>
<b>TOTAL ASSETS</b>	<b>1,993,123</b>	<b>2,290,404</b>	<b>2,276,775</b>
<b>CURRENT LIABILITIES</b>			
Payables	161,013	165,985	174,410
Accrued employee benefits	4,281	4,119	4,969
Interest bearing liabilities and derivatives	12,956	12,817	13,874
Provisions	..	..	..
Other	4,537	4,536	4,536
<b>Total current liabilities</b>	<b>182,787</b>	<b>187,457</b>	<b>197,789</b>
<b>NON-CURRENT LIABILITIES</b>			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	459,288	459,263	445,595
Provisions	..	..	..
Other	65,786	65,837	62,099
<b>Total non-current liabilities</b>	<b>525,074</b>	<b>525,100</b>	<b>507,694</b>
<b>TOTAL LIABILITIES</b>	<b>707,861</b>	<b>712,557</b>	<b>705,483</b>
<b>NET ASSETS/(LIABILITIES)</b>	<b>1,285,262</b>	<b>1,577,847</b>	<b>1,571,292</b>
<b>EQUITY</b>			
<b>TOTAL EQUITY</b>	<b>1,285,262</b>	<b>1,577,847</b>	<b>1,571,292</b>

# Cash flow statement

Sunshine Coast Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Inflows:</b>			
User charges and fees	1,571,427	1,730,758	1,757,280
Grants and other contributions	11,284	12,243	12,716
Interest and distribution from managed funds received	338	450	459
Other	43,635	59,749	43,194
<b>Outflows:</b>			
Employee costs	(193,836)	(204,457)	(197,368)
Supplies and services	(1,215,412)	(1,361,880)	(1,381,943)
Grants and subsidies	..	(66)	(68)
Borrowing costs	(38,912)	(38,898)	(38,918)
Other	(24,280)	(30,077)	(28,558)
<b>Net cash provided by or used in operating activities</b>	<b>154,244</b>	<b>167,822</b>	<b>166,794</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Inflows:</b>			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
<b>Outflows:</b>			
Payments for non-financial assets	(12)	(12)	(3,362)
Payments for investments	..	..	..
Loans and advances made	..	..	..
<b>Net cash provided by or used in investing activities</b>	<b>(12)</b>	<b>(12)</b>	<b>(3,362)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Inflows:</b>			
Borrowings	..	..	..
Equity injections	10,655	10,655	11,488
<b>Outflows:</b>			
Borrowing redemptions	(11,636)	(11,636)	(12,611)
Finance lease payments	(9)	(9)	..
Equity withdrawals	(147,371)	(167,412)	(161,943)
<b>Net cash provided by or used in financing activities</b>	<b>(148,361)</b>	<b>(168,402)</b>	<b>(163,066)</b>
<b>Net increase/(decrease) in cash held</b>	<b>5,871</b>	<b>(592)</b>	<b>366</b>
<b>Cash at the beginning of financial year</b>	<b>6,747</b>	<b>17,592</b>	<b>17,000</b>
Cash transfers from restructure	..	..	..
<b>Cash at the end of financial year</b>	<b>12,618</b>	<b>17,000</b>	<b>17,366</b>

# Torres and Cape Hospital and Health Service

## Overview

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

This is supported by 5 strategic objectives:

- Strengthen primary and public healthcare services.
- Enhance health and development services to support the first 2,000 days of life.
- Provide services that embody healthy minds and supports consumers with addictions.
- Support staff health and wellbeing and provide opportunities for people to achieve their career aspirations.
- Provide care closer to home.

### Contribution to the government's objectives for the community

The agency supports the government's objectives for the community<sup>1</sup>:

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

### Key deliverables

In 2024–25, Torres and Cape HHS will:

- continue to deliver on the *Health Equity Strategy 2022–25* to ensure culturally safe and responsive care to our First Nations' communities
- provide accessible healthcare post disaster recovery within Wujal Wujal with the completion of a temporary modular Wujal Wujal Primary Health Care Centre, and planning for permanent replacement
- implement the Best Practice electronic medical record system to move towards a single electronic medical records system
- complete the delivery of the Thursday Island redevelopment project which will address both the aging and functionally inadequate facilities at the hospital, enabling the delivery of contemporary models of care that meet both clinical demand and consumer expectations whilst achieving compliance with legislative requirements for infrastructure in clinical areas.

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<sup>1</sup> To find out more, go to [www.qld.gov.au](http://www.qld.gov.au) and search "government's objectives for the community."

# Performance statement

## Torres and Cape Hospital and Health Service

### Objective

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

### Description

The Torres and Cape HHS is responsible for providing a wide range of health services, including emergency care, general surgery, medical imaging, primary 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	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Percentage of emergency department patients seen within recommended timeframes <sup>1</sup>			
<ul style="list-style-type: none"> <li>Category 1 (within 2 minutes)</li> <li>Category 2 (within 10 minutes)</li> <li>Category 3 (within 30 minutes)</li> <li>Category 4 (within 60 minutes)</li> <li>Category 5 (within 120 minutes)</li> </ul>	100%	99%	100%
	80%	88%	80%
	75%	85%	75%
	70%	86%	70%
	70%	96%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department <sup>1</sup>	>80%	92%	>80%
Percentage of elective surgery patients treated within the clinically recommended times <sup>2</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>3</sup></li> <li>Category 3 (365 days)<sup>3</sup></li> </ul>	>98%	100%	>98%
	..	100%	>95%
	..	100%	>95%
Median wait time for treatment in emergency departments (minutes) <sup>1,4</sup>	..	13	..
Median wait time for elective surgery treatment (days) <sup>2</sup>	..	1	..
<b>Efficiency measure</b>			
Not identified			
<b>Other measures</b>			
Number of elective surgery patients treated within clinically recommended times <sup>2,5</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>3</sup></li> <li>Category 3 (365 days)<sup>3</sup></li> </ul>	27	48	47
	..	104	99
	..	182	173
Number of Telehealth outpatients service events <sup>6</sup>	2,739	2,612	2,800
Total weighted activity units (WAU) <sup>7</sup>			
<ul style="list-style-type: none"> <li>Acute Inpatients</li> <li>Outpatients</li> <li>Sub-acute</li> <li>Emergency Department</li> <li>Mental Health</li> <li>Prevention and Primary Care</li> </ul>	5,789	5,020	5,811
	4,478	4,629	4,477
	163	191	163
	3,089	2,975	3,103
	106	78	107
	738	751	790



<b>Service standards</b>	<b>2023–24 Target/Est.</b>	<b>2023–24 Est. Actual</b>	<b>2024–25 Target/Est.</b>
Ambulatory mental health service contact duration (hours) <sup>8</sup>	>8,116	7,682	>8,116

Notes:

1. Emergency department 2023–24 Estimated Actual are for the period 1 July 2023 to 30 April 2024.
2. Elective surgery measures 2023–24 Estimated Actual are for the period 1 July 2023 to 30 April 2024.
3. Treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2023–24 due to the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery. The targets have been reinstated for 2024–25.
4. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
5. Elective surgery performed in public hospitals. Treated volume 2023–24 Estimated Actual is a 12-month projection based on the period 1 July 2023 to 30 April 2024.
6. Telehealth 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 30 April 2024. The 2024–25 targets are set using the first 6 months of 2023–24 actuals and take into consideration the operational and strategic requirements for each HHS.
7. The 2023–24 Target/Estimate varies from the published *2023–24 Service Delivery Statements* due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. The 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 January 2024. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
8. Ambulatory Mental Health service contact duration 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024.

## Staffing

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

Service area	2023–24 Budget	2023–24 Est. Actual	2024–25 Budget
<b>Total FTEs</b>	1,175	1,252	1,257

# Income statement

Torres and Cape Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>INCOME</b>			
User charges and fees	287,769	320,734	325,525
Grants and other contributions	26,305	25,160	24,783
Interest and distributions from managed funds	3	3	3
Other revenue	1,441	1,424	1,442
Gains on sale/revaluation of assets	..	..	..
<b>Total income</b>	<b>315,518</b>	<b>347,321</b>	<b>351,753</b>
<b>EXPENSES</b>			
Employee expenses	32,499	37,083	37,083
Supplies and Services:			
Other supplies and services	98,205	98,849	97,756
Department of Health contract staff	153,627	178,458	184,139
Grants and subsidies	..	..	..
Depreciation and amortisation	25,387	26,805	26,293
Finance/borrowing costs	300	382	300
Other expenses	5,490	5,544	6,027
Losses on sale/revaluation of assets	10	200	155
<b>Total expenses</b>	<b>315,518</b>	<b>347,321</b>	<b>351,753</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>..</b>	<b>..</b>	<b>..</b>

# Balance sheet

Torres and Cape Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CURRENT ASSETS</b>			
Cash assets	32,065	42,239	49,106
Receivables	2,578	1,436	1,489
Other financial assets	..	..	..
Inventories	640	619	630
Other	460	1,916	1,916
Non-financial assets held for sale	..	..	..
<b>Total current assets</b>	<b>35,743</b>	<b>46,210</b>	<b>53,141</b>
<b>NON-CURRENT ASSETS</b>			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	313,969	319,902	337,859
Intangibles	..	..	..
Other	..	..	..
<b>Total non-current assets</b>	<b>313,969</b>	<b>319,902</b>	<b>337,859</b>
<b>TOTAL ASSETS</b>	<b>349,712</b>	<b>366,112</b>	<b>391,000</b>
<b>CURRENT LIABILITIES</b>			
Payables	19,922	25,300	26,170
Accrued employee benefits	1,942	3,030	3,210
Interest bearing liabilities and derivatives	2,918	11,913	17,065
Provisions	..	..	..
Other	6	37	37
<b>Total current liabilities</b>	<b>24,788</b>	<b>40,280</b>	<b>46,482</b>
<b>NON-CURRENT LIABILITIES</b>			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	8,421	5,673	3,604
Provisions	..	..	..
Other	..	..	..
<b>Total non-current liabilities</b>	<b>8,421</b>	<b>5,673</b>	<b>3,604</b>
<b>TOTAL LIABILITIES</b>	<b>33,209</b>	<b>45,953</b>	<b>50,086</b>
<b>NET ASSETS/(LIABILITIES)</b>	<b>316,503</b>	<b>320,159</b>	<b>340,914</b>
<b>EQUITY</b>			
<b>TOTAL EQUITY</b>	<b>316,503</b>	<b>320,159</b>	<b>340,914</b>

# Cash flow statement

Torres and Cape Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Inflows:</b>			
User charges and fees	287,758	321,388	325,488
Grants and other contributions	24,206	23,061	22,621
Interest and distribution from managed funds received	3	3	3
Other	6,824	10,158	6,825
<b>Outflows:</b>			
Employee costs	(32,319)	(36,903)	(36,903)
Supplies and services	(256,505)	(282,170)	(286,713)
Grants and subsidies	..	(1,416)	..
Borrowing costs	(300)	(382)	(300)
Other	(3,268)	(9,254)	(3,742)
<b>Net cash provided by or used in operating activities</b>	<b>26,399</b>	<b>24,485</b>	<b>27,279</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Inflows:</b>			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
<b>Outflows:</b>			
Payments for non-financial assets	(240)	(2,388)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
<b>Net cash provided by or used in investing activities</b>	<b>(240)</b>	<b>(2,388)</b>	<b>..</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Inflows:</b>			
Borrowings	..	..	..
Equity injections	1,667	5,171	2,798
<b>Outflows:</b>			
Borrowing redemptions	..	..	..
Finance lease payments	(41)	5,312	3,083
Equity withdrawals	(25,387)	(26,805)	(26,293)
<b>Net cash provided by or used in financing activities</b>	<b>(23,761)</b>	<b>(16,322)</b>	<b>(20,412)</b>
<b>Net increase/(decrease) in cash held</b>	<b>2,398</b>	<b>5,775</b>	<b>6,867</b>
<b>Cash at the beginning of financial year</b>	<b>29,667</b>	<b>36,464</b>	<b>42,239</b>
Cash transfers from restructure	..	..	..
<b>Cash at the end of financial year</b>	<b>32,065</b>	<b>42,239</b>	<b>49,106</b>

# Townsville Hospital and Health Service

## Overview

Our purpose is great care every day, and our vision is world-class healthcare for Northern Queensland.

Our strategic objectives include:

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

### Contribution to the government's objectives for the community

The agency supports the government's objectives for the community<sup>1</sup>:

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

### Key deliverables

In 2024–25, Townsville HHS will:

- establish the North Queensland Kidney Transplant Service
- commission a new state-of-the-art hybrid operating theatre at Townsville University Hospital
- expand the delivery of maternal foetal medicine services for high-risk pregnancies
- commence the first CAR-T cell therapy service for cancer patients outside Brisbane
- complete capital works for new and expanded outpatient clinics including persistent pain management
- complete enabling and early works of the \$530 million Townsville University Hospital Expansion
- progress the expansion and upgrade of the Kirwan Campus including Midwifery community clinics and Oral Health Clinics
- progress major upgrades of the Richmond and Hughenden Multipurpose Health Services, and the Home Hill Health Service.

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<sup>1</sup> To find out more, go to [www.qld.gov.au](http://www.qld.gov.au) and search "government's objectives for the community."

# Performance statement

## Townsville Hospital and Health Service

### Objective

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

### Description

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

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Percentage of emergency department patients seen within recommended timeframes <sup>1</sup>			
<ul style="list-style-type: none"> <li>Category 1 (within 2 minutes)</li> <li>Category 2 (within 10 minutes)</li> <li>Category 3 (within 30 minutes)</li> <li>Category 4 (within 60 minutes)</li> <li>Category 5 (within 120 minutes)</li> </ul>	100%	100%	100%
	80%	81%	80%
	75%	76%	75%
	70%	84%	70%
	70%	96%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department <sup>1</sup>	>80%	66%	>80%
Percentage of elective surgery patients treated within the clinically recommended times <sup>2</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>3</sup></li> <li>Category 3 (365 days)<sup>3</sup></li> </ul>	>98%	76%	>98%
	..	54%	>95%
	..	66%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days <sup>4</sup>	≤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 <sup>5</sup>	>65%	74.2%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge <sup>6</sup>	<12%	11.7%	<12%
Percentage of specialist outpatients waiting within clinically recommended times <sup>7</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>8</sup></li> <li>Category 3 (365 days)<sup>8</sup></li> </ul>	98%	94%	98%
	..	48%	..
	..	76%	..
Percentage of specialist outpatients seen within clinically recommended times <sup>9</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>8</sup></li> <li>Category 3 (365 days)<sup>8</sup></li> </ul>	98%	91%	98%
	..	52%	..
	..	65%	..
Median wait time for treatment in emergency departments (minutes) <sup>1,10</sup>	..	12	..
Median wait time for elective surgery treatment (days) <sup>2</sup>	..	46	..

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Efficiency measure</b>			
Average cost per weighted activity unit for Activity Based Funding facilities <sup>11</sup>	\$5,679	\$6,382	\$6,119
<b>Other measures</b>			
Number of elective surgery patients treated within clinically recommended times <sup>2,12</sup>			
• Category 1 (30 days)	3,512	2,788	3,571
• Category 2 (90 days) <sup>3</sup>	..	1,732	2,790
• Category 3 (365 days) <sup>3</sup>	..	882	1,119
Number of Telehealth outpatients service events <sup>13</sup>	13,322	14,706	15,424
Total weighted activity units (WAU) <sup>14</sup>			
• Acute Inpatients	104,111	102,562	109,091
• Outpatients	24,457	30,686	28,273
• Sub-acute	12,379	14,125	13,847
• Emergency Department	18,381	19,795	19,215
• Mental Health	9,943	9,600	8,635
• Prevention and Primary Care	2,198	2,366	2,175
Ambulatory mental health service contact duration (hours) <sup>15</sup>	>68,647	47,314	>68,647

Notes:

- Emergency department 2023–24 Estimated Actual are for the period 1 July 2023 to 30 April 2024.
- Elective surgery measures 2023–24 Estimated Actual are for the period 1 July 2023 to 30 April 2024.
- Treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2023–24 due to the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery. The targets have been reinstated for 2024–25.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2023–24 Estimated Actual rate is based on data reported between 1 July 2023 and 31 December 2023.
- Mental Health rate of community follow up 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Mental Health readmissions 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Waiting within clinically recommended time is a point in time performance measure. 2023–24 Estimated Actual is as at 30 April 2024.
- 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 targets for category 2 and 3 patients are not applicable.
- Seen in time 2023–24 Estimated Actual is for the period 1 July 2023 to 30 April 2024.
- There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
- The 2023–24 Target/Estimate varies from the published 2023–24 *Service Delivery Statements* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Elective surgery performed in public hospitals. Treated volume 2023–24 Estimated Actual is a 12-month projection based on the period 1 July 2023 to 30 April 2024.
- Telehealth 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 30 April 2024. The 2024–25 targets are set using the first 6 months of 2023–24 actuals and take into consideration the operational and strategic requirements for each HHS.
- The 2023–24 Target/Estimate varies from the published 2023–24 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. The 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
- Ambulatory Mental Health service contact duration 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024.



## Staffing

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

Service area	2023–24 Budget	2023–24 Est. Actual	2024–25 Budget
<b>Total FTEs</b>	5,656	6,033	6,241

# Income statement

Townsville Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>INCOME</b>			
User charges and fees	1,272,307	1,385,893	1,418,945
Grants and other contributions	32,350	42,422	39,922
Interest and distributions from managed funds	200	400	400
Other revenue	2,866	3,436	3,436
Gains on sale/revaluation of assets	20	20	20
<b>Total income</b>	<b>1,307,743</b>	<b>1,432,171</b>	<b>1,462,723</b>
<b>EXPENSES</b>			
Employee expenses	179,096	177,316	182,634
Supplies and Services:			
Other supplies and services	263,271	296,288	292,872
Department of Health contract staff	770,680	853,638	879,247
Grants and subsidies	..	126	126
Depreciation and amortisation	71,577	77,846	81,003
Finance/borrowing costs	73	73	73
Other expenses	21,831	24,747	25,668
Losses on sale/revaluation of assets	1,215	2,137	1,100
<b>Total expenses</b>	<b>1,307,743</b>	<b>1,432,171</b>	<b>1,462,723</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>..</b>	<b>..</b>	<b>..</b>

# Balance sheet

Townsville Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CURRENT ASSETS</b>			
Cash assets	79,302	63,070	65,668
Receivables	16,924	28,262	28,273
Other financial assets	..	..	..
Inventories	10,223	10,985	10,985
Other	3,526	2,317	2,376
Non-financial assets held for sale	..	..	..
<b>Total current assets</b>	<b>109,975</b>	<b>104,634</b>	<b>107,302</b>
<b>NON-CURRENT ASSETS</b>			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	823,357	828,043	875,110
Intangibles	6	94	31
Other	..	..	..
<b>Total non-current assets</b>	<b>823,363</b>	<b>828,137</b>	<b>875,141</b>
<b>TOTAL ASSETS</b>	<b>933,338</b>	<b>932,771</b>	<b>982,443</b>
<b>CURRENT LIABILITIES</b>			
Payables	78,124	90,053	91,893
Accrued employee benefits	3,903	8,542	8,542
Interest bearing liabilities and derivatives	611	794	643
Provisions	..	..	..
Other	1,500	1,309	1,309
<b>Total current liabilities</b>	<b>84,138</b>	<b>100,698</b>	<b>102,387</b>
<b>NON-CURRENT LIABILITIES</b>			
Payables	267	553	540
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	2,281	2,075	1,432
Provisions	..	..	..
Other	..	..	..
<b>Total non-current liabilities</b>	<b>2,548</b>	<b>2,628</b>	<b>1,972</b>
<b>TOTAL LIABILITIES</b>	<b>86,686</b>	<b>103,326</b>	<b>104,359</b>
<b>NET ASSETS/(LIABILITIES)</b>	<b>846,652</b>	<b>829,445</b>	<b>878,084</b>
<b>EQUITY</b>			
<b>TOTAL EQUITY</b>	<b>846,652</b>	<b>829,445</b>	<b>878,084</b>

# Cash flow statement

Townsville Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Inflows:</b>			
User charges and fees	1,270,859	1,397,314	1,417,918
Grants and other contributions	23,018	33,090	30,590
Interest and distribution from managed funds received	200	400	400
Other	18,817	9,662	19,387
<b>Outflows:</b>			
Employee costs	(178,394)	(186,614)	(182,634)
Supplies and services	(1,048,856)	(1,174,824)	(1,186,386)
Grants and subsidies	..	(126)	(126)
Borrowing costs	(73)	(73)	(73)
Other	(12,499)	(15,415)	(16,336)
<b>Net cash provided by or used in operating activities</b>	<b>73,072</b>	<b>63,414</b>	<b>82,740</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Inflows:</b>			
Sales of non-financial assets	20	(42)	20
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
<b>Outflows:</b>			
Payments for non-financial assets	..	(3,600)	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
<b>Net cash provided by or used in investing activities</b>	<b>20</b>	<b>(3,642)</b>	<b>20</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Inflows:</b>			
Borrowings	..	..	..
Equity injections	841	1,892	1,635
<b>Outflows:</b>			
Borrowing redemptions	..	..	..
Finance lease payments	(574)	(931)	(794)
Equity withdrawals	(71,577)	(77,846)	(81,003)
<b>Net cash provided by or used in financing activities</b>	<b>(71,310)</b>	<b>(76,885)</b>	<b>(80,162)</b>
<b>Net increase/(decrease) in cash held</b>	<b>1,782</b>	<b>(17,113)</b>	<b>2,598</b>
<b>Cash at the beginning of financial year</b>	<b>77,520</b>	<b>80,183</b>	<b>63,070</b>
Cash transfers from restructure	..	..	..
<b>Cash at the end of financial year</b>	<b>79,302</b>	<b>63,070</b>	<b>65,668</b>

# West Moreton Hospital and Health Service

## Overview

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

Our strategic objectives are to:

- Work with healthcare partners to align our efforts, monitor progress and improve health outcomes.
- Remove systemic barriers to equitable healthcare through collaboration and codesign.
- Enable safe, quality, compassionate care for our communities.
- Shape a sustainable health service.
- Foster a culture where our people thrive and know they are valued.

### Contribution to the government's objectives for the community

The agency supports the government's objectives for the community<sup>1</sup>:

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

### Key deliverables

In 2024–25, West Moreton HHS will:

- work with our partners on the delivery of Stage 2 of the Ipswich Hospital Expansion
- work with our partners on the delivery of the Ripley Satellite Hospital Site Modular Sub-Acute Expansion
- work with our partners on the planning, design and delivery of the Ipswich Residential Rehabilitation and Withdrawal Service
- work with our partners on the planning, design and delivery of the upgrades to Laidley and Boonah hospitals
- embed learnings from our regional area needs assessment in our service planning and delivery
- strengthen and grow the health and wellbeing of First Nations people in our community
- work with our partners to improve prisoner health and wellbeing
- deliver better healthcare for young people and adults experiencing mental health crises
- continue to deliver better care in hospital when it is needed and more care in our communities
- continue to increase the proportion of the community adopting healthy behaviours
- continue to ensure the financial and environmental sustainability of our health service
- continue to increase levels of consumer engagement across all service improvement initiatives
- continue to increase rates of immunisation and participation in screening programs in line with state benchmarks.

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<sup>1</sup> To find out more, go to [www.qld.gov.au](http://www.qld.gov.au) and search "government's objectives for the community."

# Performance statement

## West Moreton Hospital and Health Service

### Objective

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

### Description

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

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Percentage of emergency department patients seen within recommended timeframes <sup>1</sup>			
<ul style="list-style-type: none"> <li>Category 1 (within 2 minutes)</li> <li>Category 2 (within 10 minutes)</li> <li>Category 3 (within 30 minutes)</li> <li>Category 4 (within 60 minutes)</li> <li>Category 5 (within 120 minutes)</li> </ul>	100%	99%	100%
	80%	47%	80%
	75%	65%	75%
	70%	86%	70%
	70%	96%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department <sup>1</sup>	>80%	54%	>80%
Percentage of elective surgery patients treated within the clinically recommended times <sup>2</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>3</sup></li> <li>Category 3 (365 days)<sup>3</sup></li> </ul>	>98%	97%	>98%
	..	96%	>95%
	..	96%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days <sup>4</sup>	≤1.0	0.7	≤1.0
Rate of community mental health follow up within 1–7 days following discharge from an acute mental health inpatient unit <sup>5</sup>	>65%	65.8%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge <sup>6</sup>	<12%	10.8%	<12%
Percentage of specialist outpatients waiting within clinically recommended times <sup>7</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>8</sup></li> <li>Category 3 (365 days)<sup>8</sup></li> </ul>	98%	69%	98%
	..	54%	..
	..	84%	..
Percentage of specialist outpatients seen within clinically recommended times <sup>9</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>8</sup></li> <li>Category 3 (365 days)<sup>8</sup></li> </ul>	98%	79%	98%
	..	29%	..
	..	72%	..
Median wait time for treatment in emergency departments (minutes) <sup>1,10</sup>	..	15	..
Median wait time for elective surgery treatment (days) <sup>2</sup>	..	28	..

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Efficiency measure</b>			
Average cost per weighted activity unit for Activity Based Funding facilities <sup>11</sup>	\$5,544	\$6,179	\$5,988
<b>Other measures</b>			
Number of elective surgery patients treated within clinically recommended times <sup>2,12</sup>			
• Category 1 (30 days)	1,756	1,777	1,787
• Category 2 (90 days) <sup>3</sup>	..	1,322	1,306
• Category 3 (365 days) <sup>3</sup>	..	839	828
Number of Telehealth outpatients service events <sup>13</sup>	11,500	8,703	9,885
Total weighted activity units (WAU) <sup>14</sup>			
• Acute Inpatients	56,980	60,281	60,972
• Outpatients	17,985	16,904	17,760
• Sub-acute	6,052	7,551	8,405
• Emergency Department	16,192	18,038	20,646
• Mental Health	13,314	13,949	13,348
• Prevention and Primary Care	2,921	3,692	3,111
Ambulatory mental health service contact duration (hours) <sup>15</sup>	>52,691	57,647	>52,691

Notes:

- Emergency department 2023–24 Estimated Actual are for the period 1 July 2023 to 30 April 2024.
- Elective surgery measures 2023–24 Estimated Actual are for the period 1 July 2023 to 30 April 2024.
- Treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2023–24 due to the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery. The targets have been reinstated for 2024–25.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2023–24 Estimated Actual rate is based on data reported between 1 July 2023 and 31 December 2023.
- Mental Health rate of community follow up 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Mental Health readmissions 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Waiting within clinically recommended time is a point in time performance measure. 2023–24 Estimated Actual is as at 30 April 2024.
- 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 targets for category 2 and 3 patients are not applicable.
- Seen in time 2023–24 Estimated Actual is for the period 1 July 2023 to 30 April 2024.
- There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
- The 2023–24 Target/Estimate varies from the published 2023–24 *Service Delivery Statements* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Elective surgery performed in public hospitals. Treated volume 2023–24 Estimated Actual is a 12-month projection based on the period 1 July 2023 to 30 April 2024.
- Telehealth 2023–24 Estimated Actual represents a 12-month projection based on data for the period 1 July 2023 to 30 April 2024. The 2024–25 targets are set using the first 6 months of 2023–24 actuals and take into consideration the operational and strategic requirements for each HHS.
- The 2023–24 Target/Estimate varies from the published 2023–24 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. The 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
- Ambulatory Mental Health service contact duration 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024.

## Staffing

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

Service area	2023–24 Budget	2023–24 Est. Actual	2024–25 Budget
<b>Total FTEs</b>	4,182	4,693	4,693



# Income statement

West Moreton Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>INCOME</b>			
User charges and fees	904,038	1,001,153	1,040,141
Grants and other contributions	9,771	10,970	11,212
Interest and distributions from managed funds	16	19	19
Other revenue	1,836	2,250	2,280
Gains on sale/revaluation of assets	..	..	..
<b>Total income</b>	<b>915,661</b>	<b>1,014,392</b>	<b>1,053,652</b>
<b>EXPENSES</b>			
Employee expenses	97,066	105,911	109,088
Supplies and Services:			
Other supplies and services	178,636	213,030	223,726
Department of Health contract staff	585,828	641,079	660,312
Grants and subsidies	385	385	385
Depreciation and amortisation	35,418	35,055	40,254
Finance/borrowing costs	..	..	..
Other expenses	16,620	17,224	18,179
Losses on sale/revaluation of assets	1,708	1,708	1,708
<b>Total expenses</b>	<b>915,661</b>	<b>1,014,392</b>	<b>1,053,652</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>..</b>	<b>..</b>	<b>..</b>

# Balance sheet

West Moreton Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CURRENT ASSETS</b>			
Cash assets	38,870	50,340	46,241
Receivables	6,959	7,425	7,040
Other financial assets	..	..	..
Inventories	7,746	5,645	5,645
Other	1,979	1,282	1,282
Non-financial assets held for sale	..	..	..
<b>Total current assets</b>	<b>55,554</b>	<b>64,692</b>	<b>60,208</b>
<b>NON-CURRENT ASSETS</b>			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	403,220	457,393	558,121
Intangibles	..	..	..
Other	..	..	..
<b>Total non-current assets</b>	<b>403,220</b>	<b>457,393</b>	<b>558,121</b>
<b>TOTAL ASSETS</b>	<b>458,774</b>	<b>522,085</b>	<b>618,329</b>
<b>CURRENT LIABILITIES</b>			
Payables	71,788	82,304	77,304
Accrued employee benefits	2,474	8,064	8,580
Interest bearing liabilities and derivatives	..	330	330
Provisions	134	152	152
Other	479	158	158
<b>Total current liabilities</b>	<b>74,875</b>	<b>91,008</b>	<b>86,524</b>
<b>NON-CURRENT LIABILITIES</b>			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	1,407	1,407
Provisions	..	..	..
Other	..	..	..
<b>Total non-current liabilities</b>	<b>..</b>	<b>1,407</b>	<b>1,407</b>
<b>TOTAL LIABILITIES</b>	<b>74,875</b>	<b>92,415</b>	<b>87,931</b>
<b>NET ASSETS/(LIABILITIES)</b>	<b>383,899</b>	<b>429,670</b>	<b>530,398</b>
<b>EQUITY</b>			
<b>TOTAL EQUITY</b>	<b>383,899</b>	<b>429,670</b>	<b>530,398</b>

# Cash flow statement

West Moreton Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Inflows:</b>			
User charges and fees	901,830	1,000,927	1,038,933
Grants and other contributions	3,104	4,049	4,049
Interest and distribution from managed funds received	16	19	19
Other	3,624	22,623	4,065
<b>Outflows:</b>			
Employee costs	(96,353)	(105,198)	(108,572)
Supplies and services	(760,925)	(876,229)	(890,958)
Grants and subsidies	(385)	(385)	(385)
Borrowing costs	..	..	..
Other	(9,933)	(10,283)	(10,996)
<b>Net cash provided by or used in operating activities</b>	<b>40,978</b>	<b>35,523</b>	<b>36,155</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Inflows:</b>			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
<b>Outflows:</b>			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
<b>Net cash provided by or used in investing activities</b>	<b>..</b>	<b>..</b>	<b>..</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Inflows:</b>			
Borrowings	..	..	..
Equity injections	..	..	..
<b>Outflows:</b>			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	(35,418)	(35,055)	(40,254)
<b>Net cash provided by or used in financing activities</b>	<b>(35,418)</b>	<b>(35,055)</b>	<b>(40,254)</b>
<b>Net increase/(decrease) in cash held</b>	<b>5,560</b>	<b>468</b>	<b>(4,099)</b>
<b>Cash at the beginning of financial year</b>	<b>33,310</b>	<b>49,872</b>	<b>50,340</b>
Cash transfers from restructure	..	..	..
<b>Cash at the end of financial year</b>	<b>38,870</b>	<b>50,340</b>	<b>46,241</b>

# 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 Wide Bay HHS’s strategic objectives include:

- 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.
- Nurture and future proof workforce – strengthen our workforce to ensure care, connection and compassion for all.

### Contribution to the government’s objectives for the community

The department supports the government’s objectives for the community<sup>1</sup>:

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

### Key deliverables

In 2024–25, Wide Bay HHS will:

- complete the new modular 24-bed acute medical inpatient unit at Hervey Bay Hospital and refurbishment and commissioning of Maryborough Hospital Mental Health Unit to create a 10-bed inpatient unit focused on the needs of older persons
- refurbish the existing temporary Bundaberg Hospital transit hub to create enhanced facilities to support the new model of care that includes transit beds, rapid access outpatient clinics and medical infusions, to improve patient flow and emergency department access
- implement new models of care including First 2000 days, Frail Aged Geriatric Model, Behaviour Response Team, NDIS/Long stay coordination and First Contact Allied Health services.

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<sup>1</sup> To find out more, go to [www.qld.gov.au](http://www.qld.gov.au) and search “government’s objectives for the community.”

# Performance statement

## Wide Bay Hospital and Health Service

### Objective

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

### Description

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

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Percentage of emergency department patients seen within recommended timeframes <sup>1</sup>			
<ul style="list-style-type: none"> <li>Category 1 (within 2 minutes)</li> <li>Category 2 (within 10 minutes)</li> <li>Category 3 (within 30 minutes)</li> <li>Category 4 (within 60 minutes)</li> <li>Category 5 (within 120 minutes)</li> </ul>	100%	100%	100%
	80%	79%	80%
	75%	60%	75%
	70%	71%	70%
	70%	93%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department <sup>1</sup>	>80%	59%	>80%
Percentage of elective surgery patients treated within the clinically recommended times <sup>2</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>3</sup></li> <li>Category 3 (365 days)<sup>3</sup></li> </ul>	>98%	93%	>98%
	..	76%	>95%
	..	86%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days <sup>4</sup>	≤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 <sup>5</sup>	>65%	62.9%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge <sup>6</sup>	<12%	6.0%	<12%
Percentage of specialist outpatients waiting within clinically recommended times <sup>7</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>8</sup></li> <li>Category 3 (365 days)<sup>8</sup></li> </ul>	98%	72%	98%
	..	58%	..
	..	73%	..
Percentage of specialist outpatients seen within clinically recommended times <sup>9</sup>			
<ul style="list-style-type: none"> <li>Category 1 (30 days)</li> <li>Category 2 (90 days)<sup>8</sup></li> <li>Category 3 (365 days)<sup>8</sup></li> </ul>	98%	92%	98%
	..	58%	..
	..	54%	..
Median wait time for treatment in emergency departments (minutes) <sup>1,10</sup>	..	16	..
Median wait time for elective surgery treatment (days) <sup>2</sup>	..	29	..

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Efficiency measure</b>			
Average cost per weighted activity unit for Activity Based Funding facilities <sup>11</sup>	\$5,353	\$5,600	\$6,050
<b>Other measures</b>			
Number of elective surgery patients treated within clinically recommended times <sup>2,12</sup>			
• Category 1 (30 days)	2,065	2,340	2,472
• Category 2 (90 days) <sup>3</sup>	..	1,363	1,702
• Category 3 (365 days) <sup>3</sup>	..	618	679
Number of Telehealth outpatients service events <sup>13</sup>	7,940	7,893	8,278
Total weighted activity units (WAU) <sup>14</sup>			
• Acute Inpatients	66,154	67,714	67,891
• Outpatients	15,571	17,961	16,837
• Sub-acute	8,440	9,384	9,244
• Emergency Department	21,693	19,267	21,687
• Mental Health	5,400	4,256	5,397
• Prevention and Primary Care	3,147	3,182	3,463
Ambulatory mental health service contact duration (hours) <sup>15</sup>	>34,523	33,451	>34,523

Notes:

- Emergency department 2023–24 Estimated Actual are for the period 1 July 2023 to 30 April 2024.
- Elective surgery measures 2023–24 Estimated Actual are for the period 1 July 2023 to 30 April 2024.
- Treated in time performance Target/Estimates for category 2 and 3 patients are not applicable for 2023–24 due to the System's focus on reducing the volume of patients waiting longer than clinically recommended for elective surgery. The targets have been reinstated for 2024–25.
- Staphylococcus aureus (including MRSA) bloodstream (SAB) infections 2023–24 Estimated Actual rate is based on data reported between 1 July 2023 and 31 December 2023.
- Mental Health rate of community follow up 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Mental Health readmissions 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Waiting within clinically recommended time is a point in time performance measure. 2023–24 Estimated Actual is as at 30 April 2024.
- 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 targets for category 2 and 3 patients are not applicable.
- Seen in time 2023–24 Estimated Actual is for the period 1 July 2023 to 30 April 2024.
- There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
- The 2023–24 Target/Estimate varies from the published 2023–24 *Service Delivery Statements* (SDS) due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. 2023–24 Estimated Actuals are for the period 1 July 2023 to 31 March 2024.
- Elective surgery performed in public hospitals. Treated volume 2023–24 Estimated Actual is a 12-month projection based on the period 1 July 2023 to 30 April 2024.
- Telehealth 2023–24 Estimated Actual represents a 12-month projection based on data for the period 1 July 2023 to 30 April 2024. The 2024–25 targets are set using the first 6 months of 2023–24 actuals and take into consideration the operational and strategic requirements for each HHS.
- The 2023–24 Target/Estimate varies from the published 2023–24 SDS due to a change in the WAU phase. All measures are reported in QWAU Phase Q26. The 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 January 2024. As the Hospital and Health Services have operational discretion to respond to service demands and deliver activity across services streams to meet the needs of the community, variation to the Target/Estimate can occur.
- Ambulatory Mental Health service contact duration 2023–24 Estimated Actual is a 12-month projection based on data for the period 1 July 2023 to 31 March 2024.

## Staffing

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

Service area	2023–24 Budget	2023–24 Est. Actual	2024–25 Budget
<b>Total FTEs</b>	3,803	3,755	3,905

# Income statement

Wide Bay Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>INCOME</b>			
User charges and fees	828,803	896,946	929,498
Grants and other contributions	12,548	14,360	14,517
Interest and distributions from managed funds	21	21	21
Other revenue	7,822	7,822	7,822
Gains on sale/revaluation of assets	10	10	10
<b>Total income</b>	<b>849,204</b>	<b>919,159</b>	<b>951,868</b>
<b>EXPENSES</b>			
Employee expenses	103,431	108,829	116,577
Supplies and Services:			
Other supplies and services	186,603	214,316	199,794
Department of Health contract staff	505,942	531,375	569,209
Grants and subsidies	..	..	..
Depreciation and amortisation	28,837	31,291	32,940
Finance/borrowing costs	251	259	259
Other expenses	23,918	32,859	33,016
Losses on sale/revaluation of assets	222	230	73
<b>Total expenses</b>	<b>849,204</b>	<b>919,159</b>	<b>951,868</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>..</b>	<b>..</b>	<b>..</b>



# Balance sheet

Wide Bay Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CURRENT ASSETS</b>			
Cash assets	4,872	40,740	42,357
Receivables	18,605	22,374	22,516
Other financial assets	..	..	..
Inventories	5,955	5,665	5,699
Other	1,475	1,084	1,117
Non-financial assets held for sale	..	..	..
<b>Total current assets</b>	<b>30,907</b>	<b>69,863</b>	<b>71,689</b>
<b>NON-CURRENT ASSETS</b>			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	364,940	364,748	406,994
Intangibles	150	148	82
Other	..	..	..
<b>Total non-current assets</b>	<b>365,090</b>	<b>364,896</b>	<b>407,076</b>
<b>TOTAL ASSETS</b>	<b>395,997</b>	<b>434,759</b>	<b>478,765</b>
<b>CURRENT LIABILITIES</b>			
Payables	56,875	89,536	90,789
Accrued employee benefits	1,020	6,738	6,738
Interest bearing liabilities and derivatives	1,591	3,526	3,526
Provisions	..	..	..
Other	2,682	4,664	4,664
<b>Total current liabilities</b>	<b>62,168</b>	<b>104,464</b>	<b>105,717</b>
<b>NON-CURRENT LIABILITIES</b>			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	5,589	5,406	4,326
Provisions	..	..	..
Other	..	..	..
<b>Total non-current liabilities</b>	<b>5,589</b>	<b>5,406</b>	<b>4,326</b>
<b>TOTAL LIABILITIES</b>	<b>67,757</b>	<b>109,870</b>	<b>110,043</b>
<b>NET ASSETS/(LIABILITIES)</b>	<b>328,240</b>	<b>324,889</b>	<b>368,722</b>
<b>EQUITY</b>			
<b>TOTAL EQUITY</b>	<b>328,240</b>	<b>324,889</b>	<b>368,722</b>

# Cash flow statement

Wide Bay Hospital and Health Service	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Inflows:</b>			
User charges and fees	828,669	896,812	929,521
Grants and other contributions	6,283	8,095	8,095
Interest and distribution from managed funds received	21	21	21
Other	21,813	21,813	21,813
<b>Outflows:</b>			
Employee costs	(103,431)	(108,829)	(116,577)
Supplies and services	(705,580)	(758,734)	(782,046)
Grants and subsidies	..	..	..
Borrowing costs	(251)	(259)	(259)
Other	(17,653)	(26,594)	(26,594)
<b>Net cash provided by or used in operating activities</b>	<b>29,871</b>	<b>32,325</b>	<b>33,974</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Inflows:</b>			
Sales of non-financial assets	10	10	10
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
<b>Outflows:</b>			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
<b>Net cash provided by or used in investing activities</b>	<b>10</b>	<b>10</b>	<b>10</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Inflows:</b>			
Borrowings	..	..	..
Equity injections	1,831	1,831	1,653
<b>Outflows:</b>			
Borrowing redemptions	..	..	..
Finance lease payments	(1,175)	(1,175)	(1,080)
Equity withdrawals	(28,837)	(31,291)	(32,940)
<b>Net cash provided by or used in financing activities</b>	<b>(28,181)</b>	<b>(30,635)</b>	<b>(32,367)</b>
<b>Net increase/(decrease) in cash held</b>	<b>1,700</b>	<b>1,700</b>	<b>1,617</b>
<b>Cash at the beginning of financial year</b>	<b>3,172</b>	<b>39,040</b>	<b>40,740</b>
Cash transfers from restructure	..	..	..
<b>Cash at the end of financial year</b>	<b>4,872</b>	<b>40,740</b>	<b>42,357</b>

# The Council of the Queensland Institute of Medical Research

## Overview

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

QIMR Berghofer's strategic objectives are:

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

### Contribution to the government's objectives for the community

The agency supports the government's objectives for the community<sup>1</sup>:

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

### Key deliverables

In 2024–25, QIMR Berghofer will:

- implement the *QIMR Berghofer 2022–2026 Strategic Plan* which outlines 4 key research priorities: cancer research; infection and inflammation; brain and mental health; and population health
- implement a new Performance Management Framework to uplift talent and drive research quality and success
- provide critically ill patients access to potentially lifesaving cell therapies as one of Australia's few manufacturers, and as an approved provider of cell therapies under the TGA's special access scheme
- increase research translation and commercialisation opportunities through Q-Gen Cell Therapeutics, specifically the development and manufacture of cell therapy products
- progress the establishment of research centres in the areas of tropical health, and immunospatial tissue innovation
- progress world-leading research into the causes, prevention, early diagnosis and treatment of cancer, focusing on genetics, genomics and multiomics; functional genomics and systems biology; precision diagnostics and therapeutics
- focus research efforts in the area of systemic chronic inflammation caused by various environmental and lifestyle factors, and affecting cardiovascular, respiratory, neurodegenerative and gastrointestinal health
- progress transformative discoveries and advance genetic, molecular, cellular, physiological, circuitry, cognitive, behavioural, and psychosocial research in mental and neurological disorders
- identify factors influencing the health and wellbeing of Australians and our regional neighbours, including optimising survivorship for cancer patients, understanding the effect of sunscreens on vitamin D production, and reducing the incidence of mosquito-borne illnesses and other tropical diseases
- deliver research outcomes that translate to improvement in the health and wellbeing of Indigenous Australians.

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<sup>1</sup> To find out more, go to [www.qld.gov.au](http://www.qld.gov.au) and search "government's objectives for the community."

# Budgeted summary

## Staffing

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

Service area	2023–24 Budget	2023–24 Est. Actual	2024–25 Budget
<b>Total FTEs</b>	595	617	618

# Income statement

Council of the Queensland Institute of Medical Research	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>INCOME</b>			
Taxes	..	..	..
User charges and fees	33,364	21,192	27,264
Grants and other contributions	77,598	77,807	81,355
Interest and distributions from managed funds	7,604	3,692	8,660
Other revenue	1,230	1,135	262
Gains on sale/revaluation of assets	6,494	11,495	7,000
<b>Total income</b>	<b>126,290</b>	<b>115,321</b>	<b>124,541</b>
<b>EXPENSES</b>			
Employee expenses	77,474	76,275	81,091
Supplies and services	43,302	40,005	42,096
Grants and subsidies	..	..	..
Depreciation and amortisation	15,430	16,502	17,021
Finance/borrowing costs	..	..	..
Other expenses	8,383	4,765	8,058
Losses on sale/revaluation of assets	..	..	..
<b>Total expenses</b>	<b>144,589</b>	<b>137,547</b>	<b>148,266</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>(18,299)</b>	<b>(22,226)</b>	<b>(23,725)</b>

# Balance sheet

Council of the Queensland Institute of Medical Research	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CURRENT ASSETS</b>			
Cash assets	15,955	31,541	26,797
Receivables	5,317	2,628	2,952
Other financial assets	28,000	23,666	27,000
Inventories	935	1,304	1,304
Other	1,267	797	797
Non-financial assets held for sale	..	..	..
<b>Total current assets</b>	<b>51,474</b>	<b>59,936</b>	<b>58,850</b>
<b>NON-CURRENT ASSETS</b>			
Receivables	2,359	1,404	1,464
Other financial assets	183,292	161,341	137,173
Property, plant and equipment	277,947	318,853	319,971
Intangibles	204	542	527
Other	..	231	232
<b>Total non-current assets</b>	<b>463,802</b>	<b>482,371</b>	<b>459,367</b>
<b>TOTAL ASSETS</b>	<b>515,276</b>	<b>542,307</b>	<b>518,217</b>
<b>CURRENT LIABILITIES</b>			
Payables	10,347	5,447	7,695
Accrued employee benefits	6,449	7,517	7,517
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	43,877	39,468	39,699
<b>Total current liabilities</b>	<b>60,673</b>	<b>52,432</b>	<b>54,911</b>
<b>NON-CURRENT LIABILITIES</b>			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
<b>Total non-current liabilities</b>	<b>..</b>	<b>..</b>	<b>..</b>
<b>TOTAL LIABILITIES</b>	<b>60,673</b>	<b>52,432</b>	<b>54,911</b>
<b>NET ASSETS/(LIABILITIES)</b>	<b>454,603</b>	<b>489,875</b>	<b>463,306</b>
<b>EQUITY</b>			
<b>TOTAL EQUITY</b>	<b>454,603</b>	<b>489,875</b>	<b>463,306</b>

# Cash flow statement

Council of the Queensland Institute of Medical Research	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Inflows:</b>			
User charges and fees	33,090	26,628	26,940
Grants and other contributions	77,598	74,281	81,586
Interest and distribution from managed funds received	7,384	3,384	8,600
Taxes	..	1,534	..
Other	255	4,007	262
<b>Outflows:</b>			
Employee costs	(77,474)	(76,749)	(81,091)
Supplies and services	(47,135)	(25,494)	(35,294)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(6,266)	(8,248)	(5,613)
<b>Net cash provided by or used in operating activities</b>	<b>(12,548)</b>	<b>(657)</b>	<b>(4,610)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Inflows:</b>			
Sales of non-financial assets	..	415	..
Investments redeemed	32,500	33,231	20,834
Loans and advances redeemed	..	250	..
<b>Outflows:</b>			
Payments for non-financial assets	(7,675)	(25,299)	(20,968)
Payments for investments	(11,000)	..	..
Loans and advances made	..	..	..
<b>Net cash provided by or used in investing activities</b>	<b>13,825</b>	<b>8,597</b>	<b>(134)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Inflows:</b>			
Borrowings	..	..	..
Equity injections	..	..	..
<b>Outflows:</b>			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	..	..	..
<b>Net cash provided by or used in financing activities</b>	<b>..</b>	<b>..</b>	<b>..</b>
<b>Net increase/(decrease) in cash held</b>	<b>1,277</b>	<b>7,940</b>	<b>(4,744)</b>
<b>Cash at the beginning of financial year</b>	<b>14,678</b>	<b>23,601</b>	<b>31,541</b>
Cash transfers from restructure	..	..	..
<b>Cash at the end of financial year</b>	<b>15,955</b>	<b>31,541</b>	<b>26,797</b>

# Queensland Mental Health Commission

## Overview

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

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

The Commission's strategic objectives are:

- The wellbeing of Queenslanders is promoted and supported.
- System reform is supported and advanced.
- Policy and practice is grounded in evidence and best practice.
- Lived-living experience and First Nations expertise drives system reform.

### Contribution to the government's objectives for the community

The agency supports the government's objectives for the community<sup>1</sup>:

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

### Key deliverables

In 2024–25, the Commission will:

- continue implementation of *Shifting Minds: The Queensland Mental Health, Alcohol and Other Drugs (AOD), and Suicide Prevention Strategic Plan 2023–28* including supporting cross government and cross sector system reform and monitoring and evaluation
- support the expansion and development of the lived experience (peer) workforce with particular focus on rural and remote areas, lived experience (peer) roles in Aboriginal and Torres Strait Islander communities, alcohol and other drugs peer workforce, and assuring the quality of lived experience professional training and development
- continue implementation of *Achieving Balance: The Queensland Alcohol and Other Drugs Plan 2022–2027* including reducing alcohol and other drug related stigma and harm; enhancing literacy and prevention activities; and developing and piloting models that provides evidence based supports earlier and divert people who use AOD away from the justice system
- continue to develop and deliver Queensland Government responses to the Parliamentary Mental Health Select Committee Inquiry into the opportunities to improve mental health outcomes for Queenslanders, including:
  - development and implementation of a whole of government trauma strategy
  - a multi-faceted public health campaign to reduce mental health and alcohol and other drugs related stigma, supported by capacity and capability building initiatives
  - working in partnership with Health and Wellbeing Queensland to finalise and implement the Mental Health and Wellbeing Strategy for Queensland.

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<sup>1</sup> To find out more, go to [www.qld.gov.au](http://www.qld.gov.au) and search "government's objectives for the community."



# Performance statement

## Queensland Mental Health Commission

### Objective

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

### Description

The Commission's functions are to:

- develop and review the whole-of-government strategic plans for mental health, alcohol and other drugs and suicide prevention, and facilitate, monitor and report on its implementation
- identify barriers, issues and gaps across mental health, 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	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Stakeholder satisfaction with:			
<ul style="list-style-type: none"> <li>• 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.</li> </ul>	50%	65%	50%
<ul style="list-style-type: none"> <li>• extent to which those with Lived-Living Experience and provider perspectives are represented in strategic directions articulated by the Commission to improve the system</li> </ul>	65%	65%	65%
<ul style="list-style-type: none"> <li>• the range of stakeholders involved in developing and implementing reform</li> </ul>	50%	50%	50%
<b>Efficiency measure</b>			
Not identified			

# Budgeted summary

## Staffing

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

Service area	2023–24 Budget	2023–24 Est. Actual	2024–25 Budget
<b>Total FTEs</b>	27	26	26

Notes: The total permanently funded FTEs for 2024-25 is 26 FTE; a number of employees are also appointed on a part-time basis (variable).

# Income statement

Queensland Mental Health Commission	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>INCOME</b>			
Taxes	..	..	..
User charges and fees	..	..	..
Grants and other contributions	8,847	8,847	8,847
Interest and distributions from managed funds	50	50	50
Other revenue	..	..	..
Gains on sale/revaluation of assets	..	..	..
<b>Total income</b>	<b>8,897</b>	<b>8,897</b>	<b>8,897</b>
<b>EXPENSES</b>			
Employee expenses	3,724	3,724	3,724
Supplies and services	2,637	2,637	2,637
Grants and subsidies	2,367	2,367	2,367
Depreciation and amortisation	20	20	20
Finance/borrowing costs	..	..	..
Other expenses	149	149	149
Losses on sale/revaluation of assets	..	..	..
<b>Total expenses</b>	<b>8,897</b>	<b>8,897</b>	<b>8,897</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>..</b>	<b>..</b>	<b>..</b>

# Balance sheet

Queensland Mental Health Commission	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CURRENT ASSETS</b>			
Cash assets	5,434	13,394	13,414
Receivables	166	161	161
Other financial assets	..	..	..
Inventories	..	..	..
Other	10	1	1
Non-financial assets held for sale	..	..	..
<b>Total current assets</b>	<b>5,610</b>	<b>13,556</b>	<b>13,576</b>
<b>NON-CURRENT ASSETS</b>			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	(35)	(17)	(37)
Intangibles	..	..	..
Other	..	..	..
<b>Total non-current assets</b>	<b>(35)</b>	<b>(17)</b>	<b>(37)</b>
<b>TOTAL ASSETS</b>	<b>5,575</b>	<b>13,539</b>	<b>13,539</b>
<b>CURRENT LIABILITIES</b>			
Payables	1,492	462	462
Accrued employee benefits	90	126	126
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
<b>Total current liabilities</b>	<b>1,582</b>	<b>588</b>	<b>588</b>
<b>NON-CURRENT LIABILITIES</b>			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
<b>Total non-current liabilities</b>	<b>..</b>	<b>..</b>	<b>..</b>
<b>TOTAL LIABILITIES</b>	<b>1,582</b>	<b>588</b>	<b>588</b>
<b>NET ASSETS/(LIABILITIES)</b>	<b>3,993</b>	<b>12,951</b>	<b>12,951</b>
<b>EQUITY</b>			
<b>TOTAL EQUITY</b>	<b>3,993</b>	<b>12,951</b>	<b>12,951</b>

# Cash flow statement

Queensland Mental Health Commission	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Inflows:</b>			
User charges and fees	..	..	..
Grants and other contributions	8,847	8,847	8,847
Interest and distribution from managed funds received	50	50	50
Taxes	..	..	..
Other	..	..	..
<b>Outflows:</b>			
Employee costs	(3,724)	(3,724)	(3,724)
Supplies and services	(2,637)	(2,637)	(2,637)
Grants and subsidies	(2,367)	(2,367)	(2,367)
Borrowing costs	..	..	..
Other	(149)	(149)	(149)
<b>Net cash provided by or used in operating activities</b>	<b>20</b>	<b>20</b>	<b>20</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Inflows:</b>			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
<b>Outflows:</b>			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
<b>Net cash provided by or used in investing activities</b>	<b>..</b>	<b>..</b>	<b>..</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Inflows:</b>			
Borrowings	..	..	..
Equity injections	..	..	..
<b>Outflows:</b>			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	..	..	..
<b>Net cash provided by or used in financing activities</b>	<b>..</b>	<b>..</b>	<b>..</b>
<b>Net increase/(decrease) in cash held</b>	<b>20</b>	<b>20</b>	<b>20</b>
<b>Cash at the beginning of financial year</b>	<b>5,414</b>	<b>13,374</b>	<b>13,394</b>
Cash transfers from restructure	..	..	..
<b>Cash at the end of financial year</b>	<b>5,434</b>	<b>13,394</b>	<b>13,414</b>

# 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.
- People: valuing our people and empowering them for the future.
- Integration: ensuring the effectiveness and integration of our regulatory and complaint management functions.

### Key deliverables

In 2024–25, 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.

# 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	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Percentage of complaints received and accepted or not accepted within 7 days <sup>1</sup>	90%	95.2%	90%
Percentage of complaints assessed within timeframes <sup>1</sup>	90%	86.5%	90%
Percentage of complaints resolved within timeframes <sup>1</sup>	100%	96.1%	100%
Percentage of investigations finalised within 12 months <sup>1</sup>	75%	68.4%	75%
Percentage of disciplinary matters in which Queensland Civil and Administrative Tribunal (QCAT) decides there is a case to answer <sup>1</sup>	90%	100%	90%
Percentage of immediate action decisions orders upheld by QCAT at review hearings <sup>2</sup>	90%	0%	90%
<b>Efficiency measure</b>			
Not identified			

Notes:

1. The 2023–24 Estimated Actual is based on data from 1 July 2023 to 31 March 2024.
2. Between 1 July 2023 and 31 March 2024, 1 review application was heard and this matter was not upheld by QCAT. QCAT may make a decision considering new information not before the Health Ombudsman at the time of the initial immediate action decision.

# Budgeted summary

## Staffing

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

Service area	2023–24 Budget	2023–24 Est. Actual	2024–25 Budget
<b>Total FTEs</b>	140	149 <sup>1</sup>	140

Notes:

1. FTE increase takes into account the launch of the investigation into assisted reproductive technology services in Queensland, which commenced after mid-year review 2023.



# Income statement

Office of the Health Ombudsman	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>INCOME</b>			
User charges and fees	..	..	..
Grants and other contributions	24,873	28,450	32,161
Interest and distributions from managed funds	380	300	350
Other revenue	5	120	5
Gains on sale/revaluation of assets	..	..	..
<b>Total income</b>	<b>25,258</b>	<b>28,870</b>	<b>32,516</b>
<b>EXPENSES</b>			
Employee expenses	21,471	23,480	22,923
Supplies and Services:			
Other supplies and services	3,739	5,342	9,544
Department of Health contract staff	..	..	..
Grants and subsidies	..	..	..
Depreciation and amortisation	20	20	20
Finance/borrowing costs	..	..	..
Other expenses	28	28	29
Losses on sale/revaluation of assets	..	..	..
<b>Total expenses</b>	<b>25,258</b>	<b>28,870</b>	<b>32,516</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>..</b>	<b>..</b>	<b>..</b>

# Balance sheet

Office of the Health Ombudsman	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CURRENT ASSETS</b>			
Cash assets	1,753	1,455	1,456
Receivables	498	654	654
Other financial assets	..	..	..
Inventories	..	..	..
Other	261	136	136
Non-financial assets held for sale	..	..	..
<b>Total current assets</b>	<b>2,512</b>	<b>2,245</b>	<b>2,246</b>
<b>NON-CURRENT ASSETS</b>			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	(28)	53	33
Intangibles	..	..	..
Other	..	..	..
<b>Total non-current assets</b>	<b>(28)</b>	<b>53</b>	<b>33</b>
<b>TOTAL ASSETS</b>	<b>2,484</b>	<b>2,298</b>	<b>2,279</b>
<b>CURRENT LIABILITIES</b>			
Payables	766	824	824
Accrued employee benefits	446	657	657
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
<b>Total current liabilities</b>	<b>1,212</b>	<b>1,481</b>	<b>1,481</b>
<b>NON-CURRENT LIABILITIES</b>			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
<b>Total non-current liabilities</b>	<b>..</b>	<b>..</b>	<b>..</b>
<b>TOTAL LIABILITIES</b>	<b>1,212</b>	<b>1,481</b>	<b>1,481</b>
<b>NET ASSETS/(LIABILITIES)</b>	<b>1,272</b>	<b>817</b>	<b>798</b>
<b>EQUITY</b>			
<b>TOTAL EQUITY</b>	<b>1,272</b>	<b>817</b>	<b>798</b>

# Cash flow statement

Office of the Health Ombudsman	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Inflows:</b>			
User charges and fees	(19)	(19)	(19)
Grants and other contributions	24,873	28,450	32,161
Interest and distribution from managed funds received	380	300	350
Other	5	120	5
<b>Outflows:</b>			
Employee costs	(21,471)	(23,480)	(22,923)
Supplies and services	(3,739)	(5,342)	(9,544)
Grants and subsidies	..	..	..
Borrowing costs	..	..	..
Other	(28)	(28)	(29)
<b>Net cash provided by or used in operating activities</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Inflows:</b>			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
<b>Outflows:</b>			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
<b>Net cash provided by or used in investing activities</b>	<b>..</b>	<b>..</b>	<b>..</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Inflows:</b>			
Borrowings	..	..	..
Equity injections	..	..	..
<b>Outflows:</b>			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	..	..	..
<b>Net cash provided by or used in financing activities</b>	<b>..</b>	<b>..</b>	<b>..</b>
<b>Net increase/(decrease) in cash held</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>Cash at the beginning of financial year</b>	<b>1,752</b>	<b>1,454</b>	<b>1,455</b>
Cash transfers from restructure	..	..	..
<b>Cash at the end of financial year</b>	<b>1,753</b>	<b>1,455</b>	<b>1,456</b>

# Health and Wellbeing Queensland

## Overview

Health and Wellbeing Queensland (HWQld) is the state's prevention agency, committed to creating a healthier and fairer future for Queensland. Its purpose is to work with the Queensland health system to drive systems change that addresses the preventable burden of disease. HWQld's vision is to see children born today experiencing better health outcomes than the generations of Queenslanders before them.

HWQld's strategic objectives include:

- Enable collective wellbeing by addressing the drivers of inequality.
- Champion prevention by coordinating, promoting, and advocating for prevention to ensure sustainable outcomes.
- Drive systems change to purposefully connect systems, sectors and communities.
- Generate and harness evidence and innovation to deliver measurable impact.

### Contribution to the government's objectives for the community

The agency supports the government's objectives for the community<sup>1</sup>:

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

### Key deliverables

In 2024–25, HWQld will:

- lead implementation of *Making Healthy Happen 2032* – a strategy for preventing obesity in Queensland with delivery of the first *Making Health Happen Action Plan 2024-2026* which captures 40 actions to be delivered by 11 government agencies, to prevent, reduce and treat obesity across the system
- partner with community leaders, Indigenous councils and government agencies to address remote food security in Queensland through implementation of the *Gather + Grow Queensland Remote Food Security Strategy 2023–2032 and Action Plan 2023–2026*, with 23 actions to be delivered across 17 local, state and federal government agencies to prioritise local food production, logistics and supply chains, healthy housing and healthy communities
- develop the *Queensland Mental Health and Wellbeing Strategy* in partnership with the Queensland Mental Health Commission, in response to recommendations from the Parliamentary Inquiry into the opportunities to improve mental health outcomes for Queenslanders, focusing on keeping Queenslanders well, through prevention and early intervention
- publish an Equity Framework and supporting materials as a conceptual framing of the drivers of inequity and a guide on how to address them, as highlighted by research and collaborative consultation
- publish the *Clinical Prevention Framework* to provide support for a consolidated and coordinated approach to effective prevention, timely identification and early intervention for chronic diseases
- invest over \$20 million in evidence-based prevention programs to provide free and low-cost health and wellbeing support to communities across Queensland.

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<sup>1</sup> To find out more, go to [www.qld.gov.au](http://www.qld.gov.au) and search “government's objectives for the community.”

# Performance statement

## Health and Wellbeing Queensland

### Objective

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

### Description

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

Service standards	2023–24 Target/Est.	2023–24 Est. Actual	2024–25 Target/Est.
<b>Effectiveness measures</b>			
Percentage of the Queensland population who consume recommended amounts of <sup>1</sup>			
<ul style="list-style-type: none"> <li>fruits</li> <li>vegetables</li> </ul>	48.9% 7.6%	46.2% 6.2%	47.6% 6.4%
Percentage of the Queensland population who engaged in levels of physical activity for health benefit <sup>1</sup>			
<ul style="list-style-type: none"> <li>Persons</li> <li>Male</li> <li>Female</li> </ul>	58.3% 60.7% 56.1%	56.7% 59.2% 54.3%	58.4% 61.0% 55.9%
Percentage of adults and children with a body mass index (BMI) in the normal weight category <sup>1</sup>			
<ul style="list-style-type: none"> <li>Adults<sup>2</sup></li> <li>Children<sup>3</sup></li> </ul>	33.3% 67.5%	29.2% 65.5%	30.1% 67.5%
<b>Efficiency measure</b>			
Not identified			

#### Notes:

- These survey measures are population measures from a representative survey sample, and as such there is a year-to-year variation. Point estimates such as these are not indicative of statistical trends.
- The most recent available data for adults (18+) based on measured BMI is from the Australian Bureau of Statistics (ABS) 2022 National Health Survey.
- The most recent available data for children (5-17) based on measured BMI is from the ABS 2017–18 National Health Survey. Measured BMI for children aged 5–17 is anticipated to be available for the 2025–26 SDS.

# Budgeted summary

## Staffing

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

Service area	2023–24 Budget	2023–24 Est. Actual	2024–25 Budget
<b>Total FTEs</b>	69	69	69

# Income statement

Health and Wellbeing Queensland	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>INCOME</b>			
Taxes	..	..	..
User charges and fees	..	..	..
Grants and other contributions	38,251	43,398	49,868
Interest and distributions from managed funds	150	1,200	500
Other revenue	..	..	..
Gains on sale/revaluation of assets	..	..	..
<b>Total income</b>	<b>38,401</b>	<b>44,598</b>	<b>50,368</b>
<b>EXPENSES</b>			
Employee expenses	8,260	10,841	11,999
Supplies and services	29,851	31,127	35,454
Grants and subsidies	250	1,112	2,091
Depreciation and amortisation	40	680	680
Finance/borrowing costs	..	..	..
Other expenses	..	838	144
Losses on sale/revaluation of assets	..	..	..
<b>Total expenses</b>	<b>38,401</b>	<b>44,598</b>	<b>50,368</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>..</b>	<b>..</b>	<b>..</b>

# Balance sheet

Health and Wellbeing Queensland	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CURRENT ASSETS</b>			
Cash assets	7,509	9,949	10,629
Receivables	385	668	668
Other financial assets	..	..	..
Inventories	..	..	..
Other	146	..	..
Non-financial assets held for sale	..	..	..
<b>Total current assets</b>	<b>8,040</b>	<b>10,617</b>	<b>11,297</b>
<b>NON-CURRENT ASSETS</b>			
Receivables	..	..	..
Other financial assets	..	..	..
Property, plant and equipment	242	233	193
Intangibles	969	1,379	739
Other	..	..	..
<b>Total non-current assets</b>	<b>1,211</b>	<b>1,612</b>	<b>932</b>
<b>TOTAL ASSETS</b>	<b>9,251</b>	<b>12,229</b>	<b>12,229</b>
<b>CURRENT LIABILITIES</b>			
Payables	902	484	484
Accrued employee benefits	219	299	299
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
<b>Total current liabilities</b>	<b>1,121</b>	<b>783</b>	<b>783</b>
<b>NON-CURRENT LIABILITIES</b>			
Payables	..	..	..
Accrued employee benefits	..	..	..
Interest bearing liabilities and derivatives	..	..	..
Provisions	..	..	..
Other	..	..	..
<b>Total non-current liabilities</b>	<b>..</b>	<b>..</b>	<b>..</b>
<b>TOTAL LIABILITIES</b>	<b>1,121</b>	<b>783</b>	<b>783</b>
<b>NET ASSETS/(LIABILITIES)</b>	<b>8,130</b>	<b>11,446</b>	<b>11,446</b>
<b>EQUITY</b>			
<b>TOTAL EQUITY</b>	<b>8,130</b>	<b>11,446</b>	<b>11,446</b>



# Cash flow statement

Health and Wellbeing Queensland	2023–24 Budget \$'000	2023–24 Est. Actual \$'000	2024–25 Budget \$'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Inflows:</b>			
User charges and fees	..	..	..
Grants and other contributions	38,251	43,398	49,868
Interest and distribution from managed funds received	150	1,200	500
Taxes	..	..	..
Other	..	..	..
<b>Outflows:</b>			
Employee costs	(8,260)	(10,841)	(11,999)
Supplies and services	(29,851)	(31,127)	(35,454)
Grants and subsidies	(250)	(1,112)	(2,091)
Borrowing costs	..	..	..
Other	..	(838)	(144)
<b>Net cash provided by or used in operating activities</b>	<b>40</b>	<b>680</b>	<b>680</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Inflows:</b>			
Sales of non-financial assets	..	..	..
Investments redeemed	..	..	..
Loans and advances redeemed	..	..	..
<b>Outflows:</b>			
Payments for non-financial assets	..	..	..
Payments for investments	..	..	..
Loans and advances made	..	..	..
<b>Net cash provided by or used in investing activities</b>	<b>..</b>	<b>..</b>	<b>..</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
<b>Inflows:</b>			
Borrowings	..	..	..
Equity injections	..	..	..
<b>Outflows:</b>			
Borrowing redemptions	..	..	..
Finance lease payments	..	..	..
Equity withdrawals	..	..	..
<b>Net cash provided by or used in financing activities</b>	<b>..</b>	<b>..</b>	<b>..</b>
<b>Net increase/(decrease) in cash held</b>	<b>40</b>	<b>680</b>	<b>680</b>
<b>Cash at the beginning of financial year</b>	<b>7,469</b>	<b>9,269</b>	<b>9,949</b>
Cash transfers from restructure	..	..	..
<b>Cash at the end of financial year</b>	<b>7,509</b>	<b>9,949</b>	<b>10,629</b>

# Glossary of terms

<b>Accrual accounting</b>	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.
<b>Administered items</b>	Assets, liabilities, revenues and expenses an entity administers, without discretion, on behalf of the government.
<b>Agency/entity</b>	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.
<b>Appropriation</b>	Funds issued by the Treasurer, under Parliamentary authority, to departments during a financial year for: <ul style="list-style-type: none"> <li>• delivery of agreed services</li> <li>• administered items</li> <li>• adjustment of the government's equity in agencies, including acquiring of capital.</li> </ul>
<b>Balance sheet</b>	A financial statement that reports the assets, liabilities and equity of an entity as at a particular date.
<b>Capital</b>	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.
<b>Cash flow statement</b>	A financial statement reporting the cash inflows and outflows for an entity's operating, investing and financing activities in a particular period.
<b>Controlled Items</b>	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.
<b>Depreciation</b>	The periodic allocation of the cost of physical assets, representing the amount of the asset consumed during a specified time.
<b>Equity</b>	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.
<b>Equity injection</b>	An increase in the investment of the government in a public sector agency.
<b>Financial statements</b>	Collective description of the income statement, the balance sheet and the cash flow statement for an entity's controlled and administered activities.
<b>Income statement</b>	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.
<b>Outcomes</b>	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.
<b>Own-source revenue</b>	Revenue that is generated by an agency, generally through the sale of goods and services, but it may also include some Australian Government funding.
<b>Priorities</b>	Key policy areas that will be the focus of government activity.
<b>Services</b>	The actions or activities (including policy development) of an agency which contribute to the achievement of the agency's objectives.
<b>Service area</b>	Related services grouped into a high level service area for communicating the broad types of services delivered by an agency.
<b>Service standard</b>	Define a level of performance that is expected to be achieved appropriate for the service area or service. Service standards are measures of efficiency or effectiveness.





Queensland Budget 2024–25

**Service Delivery Statements**

[budget.qld.gov.au](http://budget.qld.gov.au)