QUEENSLAND
BUDGET 2019–20

Service Delivery Statements

Queensland Health

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Queensland
Government

2019–20 Queensland Budget Papers

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Service Delivery Statements
ISSN 1445-4890 (Print)
ISSN 1445-4904 (Online)

Health Portfolio

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Portfolio overview

Ministerial and portfolio responsibilities

The table below represents the agencies and services which are the responsibility of the Minister for Health and the Minister for Ambulance Services:

Minister for Health and Minister for Ambulance Services
The Honourable Steven Miles MP

Department of Health
Director-General: Michael Walsh
Objective: To provide leadership and direction, and to work collaboratively to enable the health system to deliver quality services that are safe and responsive for Queenslanders.
Service area 1: Acute Inpatient Care
Service area 2: Outpatient Care
Service area 3: Emergency Care
Service area 4: Sub and Non-Acute Care
Service area 5: Mental Health and Alcohol and Other Drug Services
Service area 6: Prevention, Primary and Community Care

Queensland Ambulance Service
Director-General: Michael Walsh
Commissioner: Russell Bowles
Objective: To provide timely, quality and appropriate, patient-focused ambulance services to the Queensland community.
Service area 1: Ambulance Services

The Minister for Health and Minister for Ambulance Services is also responsible for:

Hospital and Health Services

Objective: Hospital and Health Services are independent statutory bodies established on 1 July 2012, to provide public hospital and health services in accordance with the *Hospital and Health Boards Act 2011*, the principles and objectives of the national health system and the Queensland Government's priorities for the public health system.

Cairns and Hinterland Hospital and Health Service

Board Chair: Clive Skarott AM

Chief Executive: Clare Douglas

Central Queensland Hospital and Health Service

Board Chair: Cr Paul Bell AM

Chief Executive: Steve Williamson

Central West Hospital and Health Service

Board Chair: Jane Williams

Chief Executive: Jane Hancock

Children's Health Queensland Hospital and Health Service

Board Chair: David Gow

Chief Executive: Fionnagh Dougan

Darling Downs Hospital and Health Service

Board Chair: Michael Horan AM

Chief Executive: Dr Peter Gillies

Gold Coast Hospital and Health Service

Board Chair: Ian Langdon

Chief Executive: Ron Calvert

Mackay Hospital and Health Service

Board Chair: Tim Mulherin

Chief Executive: Jo Whitehead

Metro North Hospital and Health Service

Board Chair: Dr Robert Stable AM

Acting Chief Executive: Jackie Hanson

Metro South Hospital and Health Service

Board Chair: Janine Walker

Acting Chief Executive: Shaun Drummond

North West Hospital and Health Service

Board Chair: Paul Woodhouse

Chief Executive: Lisa Davies Jones

South West Hospital and Health Service

Board Chair: Jim McGowan AM

Chief Executive: Linda Patat

Sunshine Coast Hospital and Health Service

Board Chair: Dr Lorraine Ferguson AM

Chief Executive: Naomi Dwyer

Torres and Cape Hospital and Health Service

Board Chair: Elthius Kris

Chief Executive: Beverley Hamerton

Townsville Hospital and Health Service

Board Chair: Tony Mooney AM

Chief Executive: Kieran Keyes

West Moreton Hospital and Health Service

Board Chair: Michael Willis

Chief Executive: Dr Kerrie Freeman

Wide Bay Hospital and Health Service

Board Chair: Peta Jamieson

Chief Executive: Adrian Pennington

The Council of the Queensland Institute of Medical Research (QIMR)

Acting Council Chair: Christopher Coyne

Director and Chief Executive Officer: Frank Gannon

Objective: To enhance by developing improved diagnostics, treatments and prevention strategies in the areas of cancer, infectious diseases, mental health and complex disorders.

Queensland Mental Health Commission

Commissioner: Ivan Frkovic

Objective: To drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health, drug and alcohol system.

Office of the Health Ombudsman

Ombudsman: Andrew Brown

Objective: To protect the health and safety of the public, promote professional, safe and competent practice by health practitioners, promote high standards of service delivery by health service organisations, and maintain confidence in Queensland's health system by managing health complaints in a timely, fair, impartial and independent manner, while operating transparently and reporting publicly on its performance.

Additional information about these agencies can be sourced from:

www.health.qld.gov.au

www.ambulance.qld.gov.au

www.qimrberghofer.edu.au

www.qmhc.qld.gov.au

www.oho.qld.gov.au

Queensland Health overview

Every single day, our public healthcare system saves lives, changes lives and builds a better Queensland.

As well as providing world-class healthcare, our hospitals are huge hubs of employment and infrastructure investment. Employment across the system – in every part of Queensland – is expected to hit 100,000 people in 2019-20.

On an average day in 2018-19 Queensland's public hospitals provided over 10,700 patients with inpatient care including about 400 elective surgeries and 123 babies born, along with over 12,600 specialist outpatient services and about 5,500 accident and emergency services. The Queensland Ambulance Service (QAS) receives on average over 2,350 Triple Zero (000) calls and responds to over 3,550 incidents per day.

Health outcomes in Queensland are very good by international standards and support a healthy society and productive economy. This includes progress towards closing the gap in health outcomes between Aboriginal and Torres Strait Islander Queenslanders and other Queenslanders. While life expectancy is high, Queenslanders are living with disability longer than ever before. This is primarily due to the increased prevalence of chronic diseases, for which some are preventable.

The public healthcare system in Queensland consists of the Department of Health, the Queensland Ambulance Service (QAS) and 16 independent Hospitals and Health Services (HHSs) situated across the State. The Queensland Mental Health Commission, the Office of the Health Ombudsman and the Council of the Queensland Institute of Medical Research comprise the remainder of the Health Portfolio, along with Health and Wellbeing Queensland which is set to commence operations in 2019-20.

As demand for public hospital services continue to grow, the 2019-20 Queensland Health budget will continue to focus on the delivery of high quality, safe and timely health care services which are accessible to all Queenslanders. This will be achieved with a total budget in 2019-20 of $18.455 billion.

System Performance

Our hospitals have treated more patients within clinically recommended times than ever before.

In 2018-19 a key priority for Queensland Health has been maintaining timely access for patients while addressing strong growth in demand for services. For instance, in the ten months to 30 April 2019, there were more patients seen within clinically recommended times for emergency department presentations, specialist outpatient appointments, gastrointestinal endoscopies and elective surgery across Queensland's public hospitals compared to the same period in the previous year. QAS has also experienced high growth, having experienced 20 of the busiest days in its history in 2018-19 alone.

Demand for public health services has also been impacted by an unseasonal spike in cases of influenza in early 2019, with the number of influenza notifications being higher than the same period for previous years. Queensland Health has funded a number of initiatives over 2018-19 to meet increasing demand for public hospital services including an additional $3 million released to hospitals in March 2019 to increase bed capacity. This is in addition to the targeted winter bed funding of $10 million each year. Queensland Health will continue investing in initiatives over 2019-20 to meet growing service demand and ease pressure on system performance.

Demand for public hospital, ambulance and other health services continues to grow strongly due to population growth and ageing, the increased prevalence of chronic disease, community expectations and new technologies which expand the availability of treatment options.

The drop in the number of privately insured Queenslanders continues to place pressure on the public hospital system. Overall, private hospital insurance coverage in Queensland has steadily fallen from 45.6 per cent of the population in September 2014 to 41.4 per cent in March 2019.

Accelerating Implementation of Advancing Health 2026

Queensland Health's 10-year vision and strategy, *My health, Queensland's future: Advancing Health 2026* aims to make Queenslanders among the healthiest people in the world by 2026.

To accelerate the achievement of the Strategy, the Minister for Health and Minister for Ambulance Services has established eight key priority areas. These priority areas are being led by experts and clinicians across Queensland Health as well as with consumers to transform services and prevention activities across the State. The priority areas are:

- Keeping Queenslanders healthy and tackling obesity
- Improving rates of immunisation to protect children and others from preventable diseases
- Closing the health gap between Aboriginal and Torres Strait Islander Queenslanders and non-Indigenous Queenslanders

- Delivering the care that matters in the right place at the right time through a focus on four of the largest service streams across the state (orthopaedics, cardiac, renal and frail and older persons care)
- Understanding and involving our consumers
- Delivering the best value from our procurement budget
- Maximising the benefits of digital health care
- Making improvements to pre-hospital care.

Specifically, as part of this program, Queensland Health is progressing a number of new initiatives to address high priority service areas that will deliver the outcomes that matter to Queenslanders. This includes funding of $132 million over four years to be distributed across HHSs for priority renal care, frail and older persons care and cardiac care initiatives.

Established in September 2018, the Advancing Kidney Care 2026 Collaborative (the Collaborative) aims to improve kidney health and the delivery of kidney health services in Queensland's public health system. It will include the allocation of $40 million over four years to support initial progress on delivering *Advancing Kidney Care 2026*. The initial focus will be on supportive care, transplant coordination and vascular access with an emphasis on regional and remote Queensland.

Queensland Health is also progressing initiatives to support the health and wellbeing of the State's frail and older persons by enhancing the quality of acute care for residents of aged care facilities, supporting comprehensive assessments of frail older persons to identify and tailor care to their care needs and by educating both the public and medical practitioners on Advance Care Planning. These initiatives will support the delivery of *Healthy Ageing: A strategy for Older Queenslanders* which will be released in 2019 with total funding of $80 million over four years.

To target communities with high cardiac health needs, Queensland Health is implementing the Networked Cardiac Services model of care in North Queensland. With funding of $12 million over four years, this service will improve access, outcomes and experience for cardiac health consumers in North Queensland. Service levels will be increased and supported by multidisciplinary co-ordination teams which will provide care closer to home for rural, regional and remote North Queenslanders.

The future of health care will see more people receiving care in community and home-based settings. Alternative care settings are being explored and invested in as part of developing long term solutions for reducing the growing demand for public hospital services and improving access for patients. In 2019-20 and 2020-21, total funding of $50 million over two years has been allocated to trial and evaluate initiatives to improve patient flow and promote the right care in the right place, including $17 million for community-based palliative care services, with a focus on rural and remote areas of Queensland.

Our Future State: Advancing Queensland's Priorities

Queensland Health contributes to the Government's objectives for the community *Our Future State: Advancing Queensland's Priorities:*

- Keep Queenslanders healthy by:
    - The establishment of Health and Wellbeing Queensland with funding of $37.7 million in 2019-20 and $158.6 million over four years – a statutory health promotion agency to improve the health and wellbeing of all Queenslanders, reduce health inequity, and tackle Queensland's high obesity and chronic disease rates. This includes new funding of $25.2 million from 2020-21 to 2022-23 for Health and Wellbeing Queensland to lead the continuation of the *Deadly Choices Healthy Lifestyle Program* for Aboriginal and Torres Strait Islander Queenslanders in recognition of the key role that prevention plays in closing the gap
    - The promotion of healthy food and drink choices in public health care facilities
    - Improving safe water access with funding of $9.9 million over four years from 2019-20 under the initiative Safe and Healthy Water in Indigenous Local Government Areas. Also underway is an initiative for the safe supply of food to targeted remote communities. The remote communities include 16 Indigenous local government areas and the communities of Coen and Mossman Gorge
    - The new cross agency Shifting Minds flagship: Taking action to reduce suicides in Queensland is designed to address the gaps in Queensland's approach to suicide prevention with $61.9 million of new funding allocated to Queensland Health across four years from 2019-20 to 2022-23. The flagship initiatives will support the whole-of-government Shifting minds: Queensland Mental Health Alcohol and Other Drugs Strategic Plan 2018-2023 which aims to strengthen and support ongoing reforms across Queensland's mental health, alcohol and other drugs, suicide prevention and related systems. This includes establishment of the new Way Back initiative to provide follow-up support after a suicide attempt and establishment of Safe Spaces – Safe Haven Cafes for people experiencing suicidal crisis. To further enhance the provision of comprehensive, integrated and recovery-oriented care for consumers, increased investment in Community Mental Health Support Services delivered by non-government organisations working with HHSs is also being provided

- The Queensland Government Suicide Prevention Plan, led by the Queensland Mental Health Commission, is also under development and will set a longer-term approach for suicide prevention across the State, as well as strengthening the local capacity to respond to suicide risk in Aboriginal and Torres Strait Islander communities
- Queensland Health continues to drive the Suicide Prevention in Health Services initiative to implement specific strategies, services and programs to be used in a health service delivery context to contribute to a measurable reduction in suicide and its impact on Queenslanders. Phase Two of this work is now focusing on Aboriginal and Torres Strait Islander suicide prevention.

- Give all our children a great start by:
  - The establishment of the Rural Maternity Taskforce in 2018 to report on current rural maternity services and guide HHSs in the planning, development and delivery of rural and remote maternity services
  - Implementing the *Queensland Health Immunisation Strategy 2017-2022* which provides a statewide framework for addressing vaccine-preventable disease in Queensland, with a focus on assisting communities in the State that require greater support to increase immunisation rates
  - Expansion of Birthing in our Community Hub to include early childhood education services for Aboriginal and Torres Strait Islander families with funding of $300,000 for 2019-20
  - Expansion of the Right@Home pilot program to provide extra support to new mothers and their babies with additional funding of $5.2 million across four years from 2019-20 to 2022-23.

Delivering Government Election Commitments

In 2019-20, the Queensland Health budget will continue to progress the delivery of the Government's 2017 election commitments.

The Nurse Navigators program to provide coordinated patient centred care for patients with complex health conditions has continued to be expanded and embedded across the State's public hospitals, with funding allocations finalised for the 400 positions in May 2019. Queensland Health is continuing to rebuild frontline services by employing an additional 3,500 nurses and midwives by June 2020 and has established reporting processes to enable monitoring of these commitments. To provide ongoing support for the election commitments, additional funding of $116.8 million over 2021-22 and 2022-23 has been allocated for the 400 Nurse Navigator positions and $30.7 million over 2021-22 and 2022-23 for the 100 midwives positions.

Queensland Health is also progressing the election commitment to implement minimum nurse-to-patient ratios in acute public mental health wards and Queensland Health's Residential Aged Care Facilities.

Extension of the *Specialist Outpatient Strategy* until 2020-21 with additional funding of $77.4 million, will continue to deliver on the Government's election commitment to ensure that patients have access to specialist outpatient services within clinically recommended timeframes. An evaluation of the strategy to date indicates it has delivered process improvements with patients experiencing higher levels of satisfaction in the lead up to treatment and an over 50 per cent decrease in the total number of specialist outpatient long waits from the peak of over 104,000 long waits in February 2015.

The Logan Community Health Action Plan (CHAP) will continue for a further two years with funding of $10 million from 2019-20 to 2020-21. Launched in May 2017 and developed with the Logan Community, the CHAP addresses priority areas for the Logan community, including obesity, maternal care and child health, mental health, multicultural and refugee health, and dental health.

The Government has also committed $14.3 million for the development and operation of a new 42-bed residential drug rehabilitation and treatment facility in Rockhampton as part of the Government's *Action on Ice* strategy.

In May 2019, Parliament passed a bill that saw the Government fulfil its election commitment to establish the statutory health promotion agency, Health and Wellbeing Queensland. The key focus of Health and Wellbeing Queensland will be to reduce the prevalence of obesity and chronic disease by supporting activities to address the social determinants of health that influence individual and community wellbeing. Health and Wellbeing Queensland will also play a part in working and partnering to reduce the burden of chronic disease experienced by Aboriginal and Torres Strait Islander communities and addressing the gaps that exist between these communities and non-Indigenous communities.

The Government's Building Better Hospitals commitment is a key priority for Queensland Health which will help address growing demand by enhancing public hospital capacity and services in the south-east Queensland growth corridor. The program includes projects at three major south-east Queensland hospitals with a combined value of $956.9 million:

- redevelopment of the Caboolture Hospital to increase its capacity by 130 beds
- expansion of the Logan Hospital to deliver an additional 206 beds as well as expansion and refurbishment of the Logan maternity ward

- staged redevelopment of the Ipswich Hospital including new mental health facilities for adults and older persons and a Magnetic Resonance Imaging (MRI) suite to grow clinical capacity.

Operating Budget

In 2019-20, Queensland Health's operating budget will be $18.455 billion, which is an increase of $1.137 billion (6.6 per cent) from the 2018-19 budget of $17.318 billion. A total of $15.655 billion (84.8 per cent of the total operating budget) will be allocated through service agreements to provide public healthcare services from HHSs and other organisations. This represents an increase of 6 per cent compared to the 2018-19 published budget. Investment will be focused on delivering quality, safe and timely healthcare across all service areas and enacting a number of initiatives to meet growing service demand and ease pressure on system performance.

The QAS 2019-20 operating budget will be $885.7 million, which is an increase of $85.4 million (10.7 per cent) from the published 2018-19 operating budget. The includes funding for the provision of an additional 200 ambulance operatives to meet the continuing growth in demand for ambulance services across the State and additional funding for the third year of the Queensland Ambulance Service Certified Agreement 2017.

There will also be additional funding of $14 million in 2019-20 for community helicopter providers to support Queensland Emergency Helicopter Network (QEHN) services (with total additional funding of $58.5 million allocated across the four years from 2019-20 to 2022-23). Furthermore, as part of the Government's reforms to the criminal justice system, funding of $9.3 million in 2019-20 is being allocated to meet primary health care service needs in Queensland correctional facilities (with further funding of $84.8 million allocated across 2020-21 to 2022-23).

Australian Government Funding

National Health Reform (NHR) funding continues to create uncertainty and constraints on Queensland Health's operating budget. The Australian Government Treasurer's determination of NHR funding for 2016-17, delivered in September 2018, saw Queensland receiving $78.6 million less funding than was anticipated as a result of retrospective adjustments to the national funding model. This has flow on effects for the following years, resulting in a total reduction in funding of $314.5 million over the four years to 2019-20. In addition, NHR funding growth from 2017-18 to 2019-20 is subject to a cap of 6.5 per cent at the national level, which the Australian Government has proposed to continue from 2020-21 to 2024-25.

Over recent years, Australian Government funding through national partnership agreements has been in decline, with uncertainty surrounding the future of some agreements which provide funding for vital services. Overall, funding for Queensland under national partnership agreements in 2019-20 is estimated at only $45 million compared to the average of $334 million per year between 2009-10 and 2014-15.

The Australian Government funding environment has placed significant pressure on the health budget. In addition, the public hospital system is facing increased demand as a result of reduced private health insurance coverage, a lack of primary health care services, particularly in rural and remote areas, and a lack of access to appropriate aged care or disability services. These are areas of Australian Government policy responsibility, and it is important that they are addressed to ensure the sustainability of the public hospital system.

To mitigate the operational and funding pressures created by unresolved issues with the National Disability Insurance Scheme (NDIS) interface and demand issues, additional funding of $52.9 million is being allocated across four years from 2019-20 to 2022-23. The funding provides support for multiple initiatives in 2019-20, including $14.1 million for the Community Nursing Program, $9.9 million for the Community Managed Mental Health Program (CMMHP) and $11.2 million for the Medical Aids Subsidy Scheme (MASS) and Housing and Support Program (HASP) to support the ongoing transition of MASS and HASP clients into the NDIS.

Capital Program

Queensland Health's capital program is vital for meeting future demand through providing new infrastructure in locations with strong population growth, sustaining the existing asset base and renewing ageing buildings and equipment when required. It is also a jobs driver for the entire state.

A number of key health infrastructure projects were completed in 2018-19, including:

- the new Rockhampton Hospital four storey carpark
- refurbishment of Caloundra Hospital to meet future service needs, including palliative care, outpatient services, community health, renal dialysis, as well as eye, oral and child health
- the new Palm Island Primary Health Care Centre to provide a range of health services for the Palm Island community, including adult health services, a maternal and child health clinic as well as a Social and Emotional Wellbeing Clinic
- redevelopment of the Aurukun Primary Health Care Centre including a new secure ambulance bay and a new eight-unit staff accommodation

- the new Youth Step Up Step Down in Cairns to provide short-term community based residential care for people aged between 16 and 21 requiring support for mental health issues.

In 2019-20, Queensland Health's total capital investment program of $777.7 million will progress a range of health infrastructure priorities. There will be a focus on delivering in-flight projects over 2019-20 and targeting capital expansion to ensure beds available on a per capita basis align with the national average.

Funding has been allocated to a number of capital initiatives underway in 2019-20, including:

- $36.3 million for the *Building Better Hospitals* program including:
    - $18.4 million for the Caboolture Hospital Redevelopment to deliver an additional 130 new beds and refurbishment of critical clinical support services
    - $10 million for the Ipswich Hospital Expansion Stage 1A which will include redevelopment of the hospital including new mental health facilities for adults and older persons and a MRI suite to grow clinical capacity
    - $7.5 million for the Logan Hospital Expansion which will deliver an additional 206 beds with an expansion of Building 3 and targeted refurbishment of other key locations, in addition to $6.2 million of funding from Metro South Hospital and Health Service for modular hospital units
    - $400,000, and additional funding of $2.3 million from the Metro South Hospital and Health Service for the Logan Hospital Maternity Services Upgrade with the refurbishment to deliver six additional maternity inpatient beds, five extra birthing suites, an expanded special care nursery with 10 additional cots, and the installation of birthing pools suitable for water birthing.
- $78.6 million as part of the Enhancing Regional Hospitals Program to continue the redevelopment of the Roma Hospital and upgrade of the Gladstone Hospital Emergency Department
- $40.7 million as part of the Rural and Regional Infrastructure Package which includes the redevelopment of Blackall, Sarina and Kingaroy Hospitals, as well as redevelopment of the Townsville Hospital Clinical Services and Maryborough Hospital Emergency Department and Specialist Outpatients Department
- $27.9 million to complete a new Adolescent Extended Treatment Facility at The Prince Charles Hospital, two new Youth Adolescent Step Up Step Down units in Logan and Caboolture, and the refurbishment of two adolescent Day Program Spaces at Logan and the Gold Coast
- $6.1 million in 2019-20 out of a total $22.7 million program for Redland Hospital to expand the Emergency Department and birthing suite and for general improvements, replacements and upgrades.

In 2019-20, Queensland Health will invest $92.1 million in the prioritised Information and Communication Technology (ICT) categories to ensure continued efficiency of the Queensland Health system. The capital program is also continuing digital transformation to enable the delivery of contemporary health care solutions, while investing to sustain the existing digital infrastructure. The rolling implementation of Queensland Health's integrated electronic Medical Record (ieMR) Program is already realising benefits. By 2018-19, the ieMR Program had resulted in an average 56 per cent reduction in the time taken to record vital signs and a 74 per cent reduction in diagnostic imaging. The ieMR is currently available with varying levels of capability at 15 Queensland public hospitals, including the Gold Coast University and Robina Hospitals which went live in April 2019. The program is planning to deliver an ieMR with advanced capability to a total of 28 sites by September 2021.

In addition, the Financial System Renewal (FSR) Program is transitioning Queensland Health in mid-2019 to the modern finance, business and logistics solution – SAP S/4HANA which will support financial administration across the Department of Health and HHSs by improving compliance, reporting, transparency and control.

The QAS has a number of capital initiatives underway in 2019-20 and will invest a total $55.7 million in capital purchases to support essential frontline services. This includes $24 million for new vehicles and stretchers which will see the commissioning of 122 new and replacement ambulance vehicles and the continued rollout of power assisted stretchers. In addition, $8.8 million of 2019-20 funding will provide operational equipment such as chest compression devices and 'push to talk' satellite radios.

Funding for key infrastructure projects underway in 2019-20 includes $7.5 million for the planning and progression of new and replacement ambulance stations at Urraween, Drayton, Mareeba, Yarrabilba, Munruben and Kirwan. The QAS is also investing $2.5 million in 2019-20 to progress the refurbishment and redevelopment of the Rockhampton and Cairns Ambulance Stations and Operations Centres, as well as planning of an upgrade for the Southport Ambulance Station and Gold Coast Operations Centre. Digital transformations are also underway with $6.4 million being invested in 2019-20 for software development projects, including the consolidation of the QAS data warehouse environment and development of Dynamic Deployment software.

Service performance strategic alignment

The following table illustrates the relationship between Queensland Health's service areas and its 10-year vision – *My health, Queensland's future: Advancing health 2026*. While it is recognised that all SDS service areas broadly support the Vision, the service areas that most closely align to the Vision's Headline Measures of Success are indicated below.

Direction – Advancing Health 2026	Headline Measures of Success	Service Area Alignment
Promoting wellbeing: Improving the health of Queenslanders, through concerted action to promote healthy behaviours, prevent illness and injury and address the social determinants of health	By 2026 we will: Reduce childhood obesity by 10 per cent Reduce the rate of suicide deaths in Queensland by 50 per cent Increase life expectancy for Indigenous males by 4.8 years and females by 5.1 years Increase levels of physical activity for health benefit by 20 per cent	Prevention, Primary and Community Care Mental Health, Alcohol and Other Drug Services
Delivering healthcare: The core business of the health system, improving access to quality and safe healthcare in its different forms and settings	By 2026 we will: Have consumers participate at all levels of the health system Deliver a 10-year health workforce strategy Attain the lowest rate in Australia of unplanned readmissions rates for selected procedures Publish information on service delivery and patient outcomes Ensure Queenslanders receive clinical care within an appropriate time regardless of location	Acute Inpatient Care Outpatient Care Emergency Care Sub and Non-Acute Care Mental Health, Alcohol and Other Drugs Services Prevention, Primary and Community Care Queensland Health Corporate and Clinical Support Queensland Ambulance Service
Connecting healthcare: Making the health system work better for consumers, their families and communities by tackling the funding, policy and delivery barriers	By 2026 we will: Increase availability of electronic health data to consumers Reduce the rate of potentially preventable hospitalisations Implement new funding models for better connected healthcare and improved health outcomes	Acute Inpatient Care Outpatient Care Emergency Care Sub and Non-Acute Care Mental Health, Alcohol and Other Drugs Services Prevention, Primary and Community Care
Pursuing Innovation: Developing and capitalising on evidence and models that work, promoting research and translating it into better practice and care	By 2026 we will: Have the majority of clinical activities supported by a digital platform Have 20 per cent of National Health and Medical Research Council (NHMRC) grants awarded to Queensland researchers and the State will have NHMRC Advance Health Research and Translation Centres Increase the proportion of outpatient care delivered by Queensland Health via Telehealth models of care Have strong innovation and research culture across the health system	Acute Inpatient Care Outpatient Care Emergency Care Sub-Acute and Non-Acute Care Mental Health, Alcohol and Other Drugs Services Prevention, Primary and Community Care Queensland Health Corporate and Clinical Support Queensland Ambulance Service

Box 1: Activity-based Funding and Weighted Activity Units

Under the National Health Reform Agreement, Australian governments implemented Activity Based Funding (ABF) for public hospital services as the primary financing mechanism to support transparency, efficiency and productivity. ABF ensures that Hospital and Health Services are funded on the basis of the public hospital services they deliver and provides a mechanism to benchmark and compare the efficiency of public hospital service delivery.

ABF defines activity in terms of a single measure called a Weighted Activity Unit (WAU). A WAU provides a common unit of comparison so that all activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatments and service types (including acute inpatient, emergency department, outpatient services, sub-acute care and mental health).

The average cost per WAU represents the average cost per unit of activity for all service activity types. It is a measure of the relative 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care and mental health). Cost per WAU excludes Prevention and Primary Care, Specified Grants, Clinical Education and Training, Public Private Partnerships and Pharmaceutical Benefit Scheme.

The ABF model is updated periodically to reflect updated systems for classifying public hospital services (e.g. reflecting new technologies and changing models of care) and the most recent cost data. These updates are denoted by different 'phases' of the ABF model (e.g. Q19 which applied in 2017-18, and Q21 which applies in 2018-19 and 2019-20). When comparing changes in the number of WAUs or in cost per WAU over time, it is necessary to ensure that all data is expressed in the same phase of the ABF model to ensure a like-for-like comparison.

Service agreements between the Department of Health and HHSs and other organisations specify the activity to be provided in WAUs by service type. The *Service Delivery Statement* for Queensland Health includes the total WAUs for each service type to be delivered by the public health system in the coming year broken down by Service Area (where possible). *Service Delivery Statements* for the HHSs show the number of WAUs each HHS will deliver.

Service Performance

Performance Statement

Acute Inpatient Care

Service Area Objective

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

Service Area Description

Acute 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.

Sources of revenue

Total cost $'000	State contribution $'000	User charges & fees $'000	C'wth revenue $'000	Other revenue $'000
8,326,282	5,140,259	672,663	2,429,178	84,182

Staffing

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
40,969	41,119	41,848

Queensland Health	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Service: Acute Inpatient Care			
Service standards *Effectiveness measures* Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days[1]	<2	0.7	<2
Percentage of elective surgery patients treated within clinically recommended times[2]			
● Category 1 (30 days)	>98%	96%	>98%
● Category 2 (90 days)	>95%	92%	>95%
● Category 3 (365 days)	>95%	95%	>95%
Median wait time for elective surgery treatment (days)[3]			
● Category 1 (30 days)	..	15	..
● Category 2 (90 days)	..	56	..
● Category 3 (365 days)	..	218	..
● All categories	..	40	..
Percentage of admitted patients discharged against medical advice[4]			
● Non-Aboriginal and Torres Strait Islander patients	0.8%	1%	0.8%
● Aboriginal and Torres Strait Islander patients	1%	2.8%	1%

Queensland Health	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Efficiency measures Average cost per weighted activity unit for Activity Based Funding facilities[5]	$4,767	$4,894	$4,723
Other measures Number of elective surgery patients treated within clinically recommended times[6]			
● Category 1 (30 days)	47,333	47,642	48,555
● Category 2 (90 days)	53,726	52,091	54,242
● Category 3 (365 days)	35,613	35,178	36,325
Total weighted activity units – acute inpatients[7]	1,323,528	1,319,244	1,383,126

Notes:

1. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. The Target/Estimate for this measure aligns with the national benchmark of 2 cases per 10,000 acute public hospital patient days. Estimated Actuals for 2018-19 are based on actual performance from 1 July 2018 to 31 March 2019.
2. This service standard is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, Queensland's public hospitals treated over 117,000 patients off the elective surgery waiting list, over 1,800 more than the same period the year prior. Over this same period over 1,400 more patients received their care within clinically recommended time.
3. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. There are no Target/Estimates as there is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
4. This service standard is a proxy measure for Aboriginal and Torres Strait Islander cultural appropriateness of inpatient services. 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, the 2018-19 Estimate Actual is encouraging and progressing in the right direction. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 31 March 2019.
5. Activity Based Funding (ABF) defines public hospital activity in terms of a single measure called a Weighted Activity Unit (WAU). A WAU provides a common unit of comparison so that all activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care and mental health). The average cost per WAU represents the average cost per unit of activity for all activity types. Cost per WAU excludes Prevention and Primary Care, Specified Grants, Clinical Education and Training, Public Private Partnerships and Pharmaceutical Benefit Scheme. The 2018-19 Estimated Actual is based on 1 July 2018 to 31 March 2019 ABF cost per WAU. The investment of retained earnings by a number of HHSs to revise models of care and implement the ieMR Program has driven up the year to date cost of service delivery compared to the average funded rate at the commencement of the year. HHSs are able to decide how best to invest prior year retained earnings in the delivery of health services. The 2019-20 Target/Estimate is based on 2019-20 ABF funding per WAU and reflects the continued requirement to deliver efficient and effective health services.
6. This service standard is a measure of activity that reports the number of elective surgery patients who were treated by a Queensland Public Hospital within the clinically recommended time by category. It shows the volume and timeliness of elective surgery services. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April 2019 and the forecast to 30 June 2019.
7. The 2018-19 Target/Estimate is the reported target in the 2018-19 *Service Delivery Statement* updated to the Q21 Phase of the ABF model which underpins the 2018-19 and 2019-20 service agreements. Estimated Actuals for 2018-19 are based on 2018-19 service agreements as updated in amendment window three in April 2019 to incorporate HHSs' activity forecasts. 2019-20 Target/Estimates are based on the 2019-20 purchased activity. The service agreement service stream 'Total WAUs – Interventions and procedures' has been reallocated between 'Total WAUs – Acute Inpatient Care' and 'Total WAUs – Outpatient Care' based on individual HHSs Inpatient vs Outpatient proportions. Variance to the target is influenced by the implementation of integrated electronic Medical Records, and reflects HHSs change in service delivery to meet community needs.

Outpatient Care

Service Area Objective

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

Service Area 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.

Sources of revenue

Total cost $'000	State contribution $'000	User charges & fees $'000	C'wth revenue $'000	Other revenue $'000
2,422,146	1,482,695	197,431	718,135	23,885

Staffing

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
11,375	11,579	12,174

Queensland Health	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Service area: Outpatient Care			
Service standards *Effectiveness measures* Percentage of specialist outpatients waiting within clinically recommended times[1]			
● Category 1 (30 days)	65%	63%	65%
● Category 2 (90 days)	55%	61%	55%
● Category 3 (365 days)	75%	88%	75%
Percentage of specialist outpatients seen within clinically recommended times[2]			
● Category 1 (30 days)	83%	81%	83%
● Category 2 (90 days)	69%	66%	69%
● Category 3 (365 days)	84%	86%	84%
Efficiency measures[3]			
Other measures Number of Telehealth outpatients service events[4]	88,292	105,935	108,945
Total weighted activity units (WAUs) – Outpatients[5]	372,319	400,272	428,522

Notes:

1. This service standard is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with a health professional in a specialist outpatient clinic, who are waiting within the clinically recommended time.

The figures provided include both Ready for Care and Not Ready for Care patients. Estimated actuals for 2018-19 are as at 1 May 2019.

2. This service standard is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, almost 550,000 patients received their first specialist outpatient appointment, over 53,400 (10.8 per cent) more than for the same period last year. Over the same period over 22,700 more patients received care within clinically recommended time than for the same period the prior year.
3. An efficiency measure is being investigated for this service area and will be included in a future *Service Delivery Statement*.
4. This measure tracks the growth in non-admitted patient telehealth service events. A telehealth service event is a clinical consultation delivered via videoconferencing technology, conducted synchronously or asynchronously (i.e. the exchange of images or video for clinical opinion) for different care types: admitted, non-admitted, emergency and mental health. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 31 March 2019. The 2018-19 Estimated Actuals are annualised to derive an estimate for the full financial year.
5. The 2018-19 Target/Estimate is the reported target in the 2018-19 *Service Delivery Statement* updated to the Q21 Phase of the ABF model which underpins the 2018-19 and 2019-20 service agreements. Estimated Actuals for 2018-19 are based on 2018-19 service agreements as updated in amendment window three in April 2019 to incorporate HHSs' activity forecasts. 2019-20 Target/Estimates are based on the 2019-20 purchased activity. The service agreement service stream 'Total WAUs – Interventions and procedures' has been reallocated between 'Total WAUs – Acute Inpatient Care' and 'Total WAUs – Outpatient Care' based on individual HHSs' Inpatient vs Outpatient proportions.

Emergency Care

Service Area Objective

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

Service Area 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.

Sources of revenue

Total cost $'000	State contribution $'000	User charges & fees $'000	C'wth revenue $'000	Other revenue $'000
1,797,119	1,099,241	146,602	533,595	17,681

Staffing

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
8,413	8,575	9,032

Queensland Health	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Service area: Emergency Care			
Service standards *Effectiveness measures* Percentage of emergency department attendances who depart within 4 hours of their arrival in the department[1]	>80%	75%	>80%
Percentage of emergency department patients seen within recommended timeframes[2]			
● Category 1 (within 2 minutes)	100%	99%	100%
● Category 2 (within 10 minutes)	80%	73%	80%
● Category 3 (within 30 minutes)	75%	64%	75%
● Category 4 (within 60 minutes)	70%	79%	70%
● Category 5 (within 120 minutes)	70%	96%	70%
Percentage of Patients transferred off stretcher within 30 minutes [3]	90%	77%	90%
Median wait time for treatment in emergency departments (minutes)[4]	..	17	..
Efficiency measures[5]			
Other measures Total weighted activity units - Emergency Department[6]	276,228	276,455	281,951

Notes:

1. This service standard is a measure of access and timeliness of Emergency Department (ED) services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. The measure reflects the performance of the 106 performance reporting facilities across the State. The target for this performance measure remains at 80 per cent in line with Collaboration for Emergency Access Research and Reform (CLEAR) recommendations. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019.
2. This service standard is a measure of the access and timeliness of ED services. It reports the percentage of patients treated within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, Queensland's publicly funded emergency departments saw almost 1.7 million presentations, over 31,500 more than the prior year. Almost 29,600 more patients were seen in time than for the same period the prior year.
3. This is an indicator of the effectiveness of Hospital and Health Services' processes to accept the transfer of patients from the Queensland Ambulance Service (QAS) to Emergency Department in public hospitals. It reports the percentage of patients transferred off stretcher within 30 minutes, and data is sourced from QAS. Patient Off Stretcher Time (POST) includes Code 1 (Emergency) and Code 2 (Urgent) ambulances, excluding medically authorised transfers. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, over 316,000 patients were off stretcher within 30 minutes.
4. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There are no Target/Estimates as 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. An efficiency measure is being investigated for this service area and will be included in a future *Service Delivery Statement*.
6. The 2018-19 Target/Estimate is the reported target in the 2018-19 *Service Delivery Statement* updated to the Q21 Phase of the ABF model which underpins the 2018-19 and 2019-20 service agreements. Estimated Actuals for 2018-19 are based on 2018-19 service agreements as updated in amendment window three in April 2019 to incorporate HHSs' activity forecasts. 2019-20 Target/Estimates are based on the 2019-20 purchased activity.

Sub and Non-Acute Care

Service Area Objective

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

Service Area Description

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

Sources of revenue

Total cost $'000	State contribution $'000	User charges & fees $'000	C'wth revenue $'000	Other revenue $'000
726,306	450,937	58,323	209,580	7,466

Staffing

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
3,636	3,617	3,650

Queensland Health	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Service area: Sub- and Non-Acute Care			
Service standards Effectiveness measures[1]			
Efficiency measures[2]			
Other Measures Total weighted activity units – Sub Acute[3]	128,015	127,129	128,324

Notes:

1. An effectiveness measure is being investigated for this service area and will be included in a future *Service Delivery Statement*.
2. An efficiency measure is being investigated for this service area and will be included in a future *Service Delivery Statement*.
3. The 2018-19 Target/Estimate is the reported target in the 2018-19 *Service Delivery Statement* updated to the Q21 Phase of the ABF model which underpins the 2018-19 and 2019-20 service agreements. Estimated Actuals for 2018-19 are based on 2018-19 service agreements as updated in amendment window three in April 2019 to incorporate HHSs' activity forecasts. 2019-20 Target/Estimates are based on the 2019-20 purchased activity.

Mental Health and Alcohol and Other Drug Services

Service Area 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.

Service Area Description

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

Sources of revenue

Total cost $'000	State contribution $'000	User charges & fees $'000	C'wth revenue $'000	Other revenue $'000
1,910,173	1,156,432	157,483	578,036	18,222

Staffing

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
9,148	9,458	9,601

Queensland Health	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Service: Mental Health and Alcohol and Other Drugs Services			
Service standards *Effectiveness measures* Proportion of re-admissions to acute psychiatric care within 28 days of discharge[1]			
● Aboriginal and Torres Strait Islander	<12%	16.3%	<12%
● Non-Aboriginal and Torres Strait Islander	<12%	12.7%	<12%
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit[2]			
● Aboriginal and Torres Strait Islander	>65%	61.8%	>65%
● Non-Aboriginal and Torres Strait Islander	>65%	62.6%	>65%
Efficiency measures[3]			
Other measures Percentage of the population receiving clinical mental health care[4]	>2%	2.1%	>2%
Ambulatory mental health service contact duration (hours)[5]	>973,196	937,854	>956,988
Queensland suicide rate (number of deaths by suicide/100,000 population)[6]	…	15.0	…
Total weighted activity units (WAUs) – Mental health[7]	142,748	149,759	155,925

Notes:

1. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 28 February 2019. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. This service standard aligns with the Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021.
2. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. Increased pressure on community and inpatient mental health services has seen increases in readmission rates and which is impacting the rate of community follow up. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 31 March 2019.
3. An efficiency measure is being investigated for this service area and will be included in a future *Service Delivery Statement*.
4. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 23 May 2019 and are annualised to derive an estimate for the full financial year. This measure provides a mechanism for monitoring population access and treatment rates and assessing these against what is known about the distribution of mental health disorder in the community. It is the estimated proportion of the Queensland population accessing a public mental health service over the period.
5. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor, weighted for locality and may be reduced from previous years due to movement in reported available clinician hours. This methodology results in a stretch performance target for many services, and it is not expected that all services will necessarily meet the target every year.
6. Data sourced for this measure is from the Australian Bureau of Statistics (ABS) Causes of Death Survey's five-year age-standardised death rates for the period 2015-2019 (calendar year) and is subject to revision. The five-year rate is utilised to align to other Queensland Government reporting. No annual targets for this measure have been set given the volatility of the data. This measure aligns with the Government's target under *Our Future State: Advancing Queensland's Priorities*, to reduce the State's suicide rate by 50 per cent by 2026.
7. The 2018-19 Target/Estimate is the reported target in the 2018-19 *Service Delivery Statement* updated to the Q21 Phase of the ABF model which underpins the 2018-19 and 2019-20 service agreements. Estimated Actuals for 2018-19 are based on 2018-19 service agreements as updated in amendment window three in April 2019 to incorporate HHSs' activity forecasts. 2019-20 Target/Estimates are based on the 2019-20 purchased activity.

Prevention, Primary and Community Care

Service Area Objective

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

Service Area 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.

Sources of revenue

Total cost $'000	State contribution $'000	User charges & fees $'000	C'wth revenue $'000	Other revenue $'000
2,386,889	1,425,635	199,476	739,936	21,842

Staffing

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
12,047	11,858	11,997

Queensland Health	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Service: Prevention, Primary and Community Care			
Service standards *Effectiveness measures* Percentage of the Queensland population who consume recommended amounts of[1]			
● fruits	58.2%	52.1%	53.7%
● vegetables	8.9%	8.6%	8.9%
Percentage of the Queensland population who engaged in levels of physical activity for health benefit[1]			
● Persons	61.8%	59.7%	61.5%
● Male	63.4%	62.9%	64.8%
● Female	60.3%	56.6%	58.3%
Percentage of the Queensland population who consume alcohol at risky and high risk levels[1,2]			
● Persons	20.7%	22.3%	21.6%
● Male	30.9%	33.2%	32.2%
● Female	10.8%	11.9%	11.5%
Percentage of adults and children with a body mass index (BMI) in the normal weight category[1,3]			
● Adults	39%	32.3%	33.3%

Queensland Health	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
● Children	60%	65.5%	67.5%
Percentage of the Queensland population who smoke daily			
● Persons	11.4%	11.1%	10.8%
● Male	12.9%	12.2%	11.8%
● Female	9.8%	10.0%	9.7%
Percentage of the Queensland population who were sunburnt in the last 12 months[1]			
● Persons	50.4%	54.3%	52.7%
● Male	55%	57.9%	56.2%
● Female	45.9%	50.9%	49.4%
Annual notification rate of HIV infection[4]	3.8	3.7	3.7
Vaccination rates at designated milestones for[5]			
● all children 1 year	95%	94.1%	95%
● all children 2 years	95%	91.8%	95%
● all children 5 years	95%	94.7%	95%
Percentage of target population screened for[6,7,8,9]			
● breast cancer	56.2%	53.8%	53.1%
● cervical cancer	..	..	..
● bowel cancer	39%	42.1%	41.6%
Percentage of invasive cancers detected through BreastScreen Queensland that are small (<15mm) in diameter[6,10]	56.9%	57.3%	56.9%
Ratio of potentially preventable hospitalisations (PPH) - rate of Aboriginal and Torres Strait Islander hospitalisations to rate of non-Aboriginal and Torres Strait Islander hospitalisations[11]	1.7	1.8	1.7
Percentage of women who, during their pregnancy, were smoking after 20 weeks[12,13]			
● Non-Aboriginal and Torres Strait Islander women	7.4%	7.3%	7.0%
● Aboriginal and Torres Strait Islander women[14]	31.9%	38.4%	31.0%
Percentage of women who attended at least 5 antenatal visits and gave birth at 32 weeks or more gestation[12,13]			
● Non-Aboriginal and Torres Strait Islander women	96.5%	96.5%	96.7%
● Aboriginal and Torres Strait Islander women[15]	93.8%	90.4%	94.6%
Percentage of babies born of low birth weight to[12,13]			
● Non-Aboriginal and Torres Strait Islander women	4.6%	4.7%	4.5%
● Aboriginal and Torres Strait Islander women[16]	7.3%	9.9%	7.3%
Percentage of public general dental care patients waiting within the recommended timeframe of two years[17]	85%	99%	85%
Percentage of oral health Weighted Occasions of Service which are preventative[17,18]	15%	18%	15%

Queensland Health	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Efficiency measures[19]			
Other measures Number of rapid HIV tests performed[20]	5,900	6,239	6,000
Number of adult oral health Weighted Occasions of Service (ages 16+)[18,21]	2,529,000	2,871,624	2,842,000
Number of children and adolescent oral health Weighted Occasions of Service (0-15 years) [18,21,22]	1,300,000	1,187,148	1,200,000
Total weighted activity units (WAUs) – Prevention and Primary Care[23]	49,534	51,564	47,397

Notes:

1. This is a measure of effectiveness of Queensland Government investment in prevention, with a broad range of actions described in the Health and Wellbeing Strategic Framework 2017 to 2026. Estimated Actuals are from the 2016 Preventive Health Survey and are based on a telephone survey conducted in that year. Estimated Actuals are from the 2018 Preventive Health Survey and are based on a telephone survey conducted in that year.
2. This is a measure of effectiveness of whole-of-government activity to reduce harmful alcohol consumption (including Queensland Health activity to promote healthy behaviours towards alcohol consumption).
3. This service standard measures the percentage of adults and children in Queensland with a body mass index in the healthy weight category based on measured height and weight from the National Health Survey. It aligns with the Government's target under *Our Future State: Advancing Queensland's Priorities*, to increase the proportion of adults and children in the State with a healthy body weight by 10 per cent by 2026.
4. The annual notification rate of HIV infection shows the rate of new diagnoses of HIV infection per 100,000 population per year. The 2018-19 Estimated Actual is based on data in the period of January to December 2018.
5. This is a measure of the effectiveness of the provision of funded vaccines for specific targeted programs. High immunisation rates are important to protect the health of the community. This measure aligns with the Government's target under *Our Future State: Advancing Queensland's Priorities*, for 95 per cent of Queensland children aged one, two and five years to be fully immunised by 2022. The 2018-19 Estimate Actuals cover the period 1 July 2018 to 31 March 2019.
6. This is a measure of the effectiveness of the participation strategies in place for cancer screening services (e.g. BreastScreen Queensland). A high screening rate or increasing proportion of the population being tested increases the possibility of cancer being detected.
7. 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 continues to be above the national average in 2016-17 based on latest published data. Activity growth is not keeping pace with population growth in the target age group.
8. On 1 December 2017 the national cervical cancer screening program changed in terms of the test, age eligibility and interval of screening and the Australian Government took over responsibility for the national register. Insufficient information is available to derive an Estimated Actual for 2018-19. Further, there is insufficient data available to date to provide a Target/Estimate for 2019-20. Changes to the measure will be considered for future *Service Delivery Statement* reporting.
9. The estimated participation rates for bowel screening peaked in 2018-2019, due to changes in program rollout. In 2018, older age groups with higher participation rates were introduced (62-year and 66-year olds) and a group with low participation rates dropped out (55-year olds). Two groups, not included in 2018, will be included in 2019 but are likely to have lower participation rates (52- and 56-year olds). From 2020, the program will be fully rolled out and a slight upward trend is expected due to re-participation.
10. The proportion of small cancers detected by the programme is an important indicator of the quality of the programme. A high proportion of small cancers detected indicates more disease being detected early. This is associated with improved morbidity and mortality outcomes. Early detection allows a wider range of treatment options — including less invasive procedures — and a higher likelihood of survival.
11. Potentially Preventable Hospitalisations (PPHs) are hospitalisations that could potentially have been avoided with "better" care or access to care outside the hospital inpatient setting. The 2019-20 Target/Estimate is based on a trajectory to achieve PPH parity with other Queenslanders by 2033. While the 2018-19 Estimated Actual is not meeting the 2018-19 Target/Estimate, it is only marginally higher and is continuing to trend downwards. The 2018-19 Estimated Actual is based on the period 1 July 2018 to 31 March 2019.
12. This is an effectiveness measure as it provides support and evidence on the Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033, Investment Strategy 2018-2021. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 28 February 2019.
13. This measure reports on the effectiveness of antenatal care services to help positive health outcomes for mothers and babies. The measure aligns with the Government's target under *Our Future State: Advancing Queensland's Priorities*, to increase the number of babies born healthier by 5 percentage points by 2025.
14. While the 2018-19 Estimated Actual is not in line with the 2018-19 Target/Estimate, rates of smoking in pregnant Aboriginal and Torres Strait Islander women post 20 weeks gestation have been decreasing since 2005-06 when the rate was 51.8 per cent, representing an average decrease of approximately 1 per cent per annum. If the current rate of decline continues, the target rate will be achieved in the mid 2020s. Reducing rates of smoking during pregnancy remains a challenge due to high rates of smoking in the broader Aboriginal and Torres Strait Islander population. Initiatives underway to accelerate the rate of change include the Smoking Cessation Quality Improvement Payment and Making Tracks smoking cessation investment.
15. While the 2018-19 Estimated Actual is not in line with the 2018-19 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. To improve the statewide rate of access to antenatal care, there will be a renewed focus on those HHSs which are currently not meeting the target through existing Making Tracks investment in maternal health services.

16. Low birth weight of babies born to Aboriginal and Torres Strait Islander mothers remains a significant challenge. To achieve sustainable gains in birth weight outcomes a focus must remain on supporting women and communities to addressing risk factors before and during pregnancy, including maternal smoking, infections and hypertension. As smoking rates in Aboriginal and Torres Strait Islander women who are pregnant are declining, it is likely this will have a positive impact on the percentage of babies born of low birth weight.

17. This is a measure of effectiveness for improving and maintaining the health of teeth, gums and soft tissues within the mouth, which has general health benefits. A higher rate suggests effective strategies are in place for ensuring access to preventive oral health services.

18. An oral health Weighted Occasion of Service (WOoS) is a measure of activity and weights occasions of service based on their complexity to provide a common unit of comparison for oral health services.

19. An efficiency measure is being investigated for this service area and will be included in a future *Service Delivery Statement*.

20. The rapid test is used for screening for HIV and produces a result in 30 minutes or less. The 2018-19 Estimated Actual is based on data in the period of January to December 2018.

21 Estimated Actuals for 2018-19 are based on actual performance from 1 July 2018 to 30 April 2019 and are annualised to provide an estimate for the full financial year. The 2018-19 Estimated Actual performance for adult WOoS (16+ years) is higher than the 2018-19 Target/Estimate primarily due to Medicare payments claimed directly by HHSs under the Child Dental Benefits Schedule (CDBS) that were invested in additional adult dental services. The 2019-20 Target/Estimate assumes that Australian Commonwealth Government funding will continue on the basis of the current National Partnership Agreement (NPA) until 31 March 2020, however Queensland has not yet signed the proposed NPA extension.

22 The 2018-19 Estimated Actual performance for WOoS (0-15 years) is lower than the 2018-19 Target/Estimate due to higher than anticipated private sector activity. Child Dental Benefit Scheme (CDBS) eligible children can access oral health care in either the private or public sectors and concentrated advertising by the private sector plus the ability to provide out of routine hours care has resulted in a shift to private providers. This has resulted in lower than previous acceptance rates for offers of treatment at public sector school- based oral health services. This trend is expected to continue and is reflected in a lower 2019-20 Target.

23 The 2018-19 Target/Estimate is the reported target in the 2018-19 *Service Delivery Statement* updated to the Q21 Phase with activity reported in the Q21 phase of the ABF model which underpins the 2018-19 and 2019-20 service agreements. Estimated Actuals for 2018-19 are based on 2018-19 service agreements as updated in amendment window three in April 2019 to incorporate HHSs' activity forecasts. 2019-20 Target/Estimates are based on the 2019-20 purchased activity. 'Total WAUs – Prevention and Primary Care' is comprised of BreastScreen and Dental WAUs. While the dental WOos target assumes that Australian Commonwealth Government funding will continue on the basis of the current NPA until 31 March 2020, this activity has not been included in the 2019-20 Service Agreements, as Queensland has not yet signed the proposed NPA extension.

Discontinued measures

There are no performance measures included in the 2018-19 *Service Delivery Statements* that have been discontinued or replaced.

Health Consolidated budget summary

The table below shows the total resources available in 2019-20 from all sources and summarises how resources will be applied by service area and by controlled and administered classifications.

Queensland Health	2018-19 Budget $'000	2018-19 Est Actual $'000	2019-20 Budget $'000
CONTROLLED			
Income			
Appropriation revenue[1]			
Deferred from previous year/s	..	..	..
Balance of service appropriation	10,934,749	11,413,123	11,629,810
Other revenue	6,383,194	6,650,010	6,829,354
Total income	**17,317,943**	**18,063,133**	**18,459,164**
Expenses			
Acute Inpatient Care	7,906,806	8,233,235	8,326,282
Outpatient Care	2,195,193	2,318,535	2,422,146
Emergency Care	1,623,595	1,717,047	1,797,119
Sub and Non-Acute Care	701,619	724,221	726,306
Mental Health and Alcohol and Other Drug Services	1,765,420	1,893,739	1,910,173
Prevention, Primary and Community Care	2,324,977	2,374,308	2,386,889
Ambulance Services	800,333	802,048	885,749
Total expenses	**17,317,943**	**18,063,133**	**18,454,664**
Operating surplus/deficit	**0**	**0**	**4,500**
Net assets	**12,906,936**	**12,520,998**	**12,547,039**
ADMINISTERED			
Revenue			
Commonwealth revenue	..	..	..
Appropriation revenue	18,744	30,948	30,955
Other administered revenue	4	4	4
Total revenue	**18,748**	**30,952**	**30,959**
Expenses			
Transfers to government	..	..	..
Administered expenses	18,748	30,952	30,959
Total expenses	**18,748**	**30,952**	**30,959**
Net assets	**0**	**0**	**0**
CAPITAL			
Capital purchases[2]			
Total land, buildings and infrastructure	579,768	431,988	493,463
Total plant and equipment	279,535	249,374	252,348
Total other capital	117,719	71,845	27,619

Queensland Health	2018-19 Budget $'000	2018-19 Est Actual $'000	2019-20 Budget $'000
Total capital purchases	**977,022**	**753,207**	**773,430**

Note:

1. Includes State and Commonwealth funding.
2. For more detail on the agency's capital acquisitions please refer to *Capital Statement (Budget Paper 3)*.

Staffing[1,2,3]

Queensland Health	2018-19 Budget	2018-19 Est Actual	2019-20 Budget
Hospital and Health Services[4,8]	77,943	78,386	80,574
Queensland Ambulance Service[5,9]	4,507	4,585	4,707
eHealth Queensland[6,10]	1,498	1,508	1,540
Health Support Queensland[11]	4,381	4,351	4,384
Other Department of Health[7,12]	1,766	1,961	1,804
TOTAL	**90,095**	**90,791**	**93,009**

Notes:

1. The 2018-19 Budget reflects the forecast full-time equivalents (FTEs) as at 30 June 2019 published in the 2018-19 *Service Delivery Statement* (SDS). For Hospital and Health Services (HHSs), this line included an estimate of funded unallocated FTEs that were not allocated to a specific HHS at the time of publication of the 2018-19 SDS.
2. The 2018-19 Estimated Actual reflects the estimated FTEs as at 30 June 2019.
3. The 2019-20 Budget represents the forecast FTEs as at 30 June 2020. For HHSs, this line item includes an estimate of unallocated FTEs that are funded but are not yet allocated to a specific HHS. These will be allocated throughout the 2019-20 financial year to the HHSs via the Service Agreement amendment process and HHS thresholds will be adjusted accordingly based on funding and recruitment decisions. The total level of HHS FTEs may change if further funding is provided that is greater than forecast levels.
4. The increase in HHS FTE between 2018-19 Budget and 2018-19 Estimated Actual relates to additional funding provided in-year through the Service Agreement amendment process to deliver public hospital and health services. The primary areas of service activity increase are driven by nursing election commitments, including graduates and midwives, specialist outpatients and implementation of the integrated electronic Medical Record project, along with delivering additional patient activity.
5. The increase in FTE from the 2018-19 Budget to 2018-19 Estimated Actual relates to additional ambulance officers that have been engaged to meet demand for services as part of the winter flu strategy.
6. The increase in FTE from the 2018-19 Budget to 2018-19 Estimated Actual relates primarily to additional temporary staff required to deliver the Laboratory Information System project.
7. The increase in FTE from the 2018-19 Budget to 2018-19 Estimated Actual predominantly relates to capital funded FTEs employed within the HHSs to deliver capital projects. The capital program funding is centrally managed, and these staff are recorded against the Department of Health (the department) but were not allowed for in the 2018-19 Budget. (With HHSs taking on more responsibility for capital project delivery, including the employment of staff to deliver the capital projects, these FTEs will be reflected against the relevant HHSs from 2019-20).
8. The increase in FTE from 2018-19 Estimated Actual to 2019-20 Budget relates to additional frontline staff required to service the growth in demand for public hospital and health services.
9. The increase between the 2018-19 Estimated Actual and 2019-20 Budget relates to additional funding in 2019-20 for the recruitment of 200 ambulance operatives to meet continued and sustained demand for ambulance transport services and pre-hospital care.
10. The increase in FTE in the 2019-20 Budget relates to expected growth in existing and new services to meet a higher demand in digital healthcare and technological advancements.
11. The increase in FTE between the 2018-19 Estimated Actual and 2019-20 Budget is predominantly driven by growth in services provided to HHSs to meet increased service demand and process improvements, including Pathology Queensland, Central Pharmacy and Biomedical and Technology Services.
12. The decrease in FTE between the 2018-19 Estimated Actual and 2019-20 Budget largely relates to the capital funded FTEs recorded against the department in 2018-19, but now reflected in the HHS FTE count.

Budgeted financial statements

Analysis of budgeted financial statements

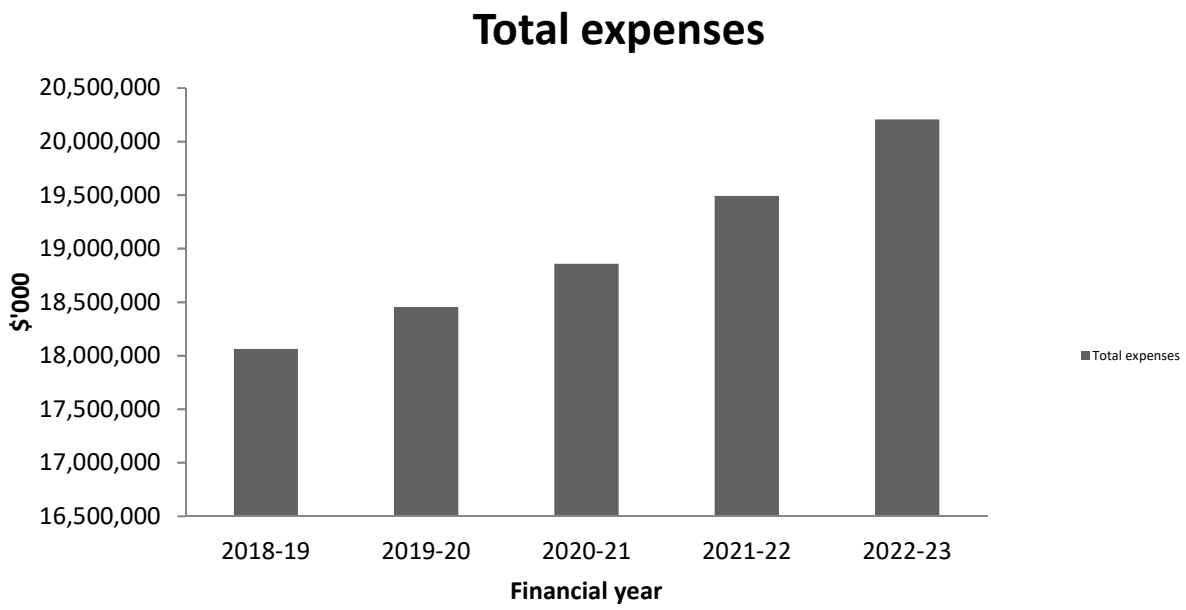
An analysis of Queensland Health's budgeted financial statements, inclusive of the Department of Health, Queensland Ambulance Service and the Hospital and Health Services, is provided below.

Departmental income statement

2019-20 total expenses are estimated to be $18.455 billion, representing an increase of $1.137 billion from the 2018-19 budget.

The 2019-20 budget supports the growing demand for public hospital and health services along with meeting critical service needs. Increased expenditure includes the workforce requirements to meet the ongoing growth in demand for frontline health services, enterprise bargaining agreements and depreciation.

Chart: Total departmental expenses across the Forward Estimates period



Departmental balance sheet

Queensland Health's major assets are in property, plant and equipment ($12.541 billion), whilst its main liabilities relate to payables of an operating nature ($0.721 billion) and employee benefits ($1.006 billion).

Reporting Entity Financial Statements

Reporting Entity comprises:

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

Explanations of variances for each entity are included in the individual budget financial statements located in this Service Delivery Statement.

Reporting entity income statement

Queensland Health and Hospital and Health Services	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
INCOME				
Appropriation revenue	1,8	10,934,749	11,413,123	11,629,810
Taxes		..	..	..
User charges and fees		1,408,075	1,457,846	1,464,123
Royalties and land rents		..	..	..
Grants and other contributions	2,9	4,903,522	5,109,057	5,299,826
Interest and distributions from managed funds		3,407	3,287	3,338
Other revenue	3,10	67,094	77,445	60,377
Gains on sale/revaluation of assets	4	1,096	2,375	1,690
Total income		**17,317,943**	**18,063,133**	**18,459,164**
EXPENSES				
Employee expenses	11	11,541,246	11,765,157	12,382,507
Supplies and services	5,12	4,603,028	5,098,171	4,826,556
Grants and subsidies	6	89,561	74,218	72,845
Depreciation and amortisation	7	824,534	880,923	905,237
Finance/borrowing costs	13	27,188	28,319	41,628
Other expenses		213,866	200,197	207,545
Losses on sale/revaluation of assets		18,520	16,148	18,346
Total expenses		**17,317,943**	**18,063,133**	**18,454,664**
Income tax expense/revenue		..	..	..
OPERATING SURPLUS/(DEFICIT)		**..**	**..**	**4,500**

Reporting entity balance sheet

Queensland Health and Hospital and Health Services	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CURRENT ASSETS				
Cash assets	14,24	797,457	1,072,430	941,160
Receivables	15	795,488	679,833	679,362
Other financial assets		..	..	..
Inventories		163,152	157,992	158,923
Other		72,893	72,414	74,290
Non-financial assets held for sale	16	22,951	9,023	9,023
Total current assets		**1,851,941**	**1,991,692**	**1,862,758**
NON-CURRENT ASSETS				
Receivables	17,25	40,108	58,046	48,288
Other financial assets		77,721	76,458	76,458
Property, plant and equipment	18,26	12,582,607	12,448,021	12,540,800
Deferred tax assets		..	..	..
Intangibles	19,27	400,467	372,833	355,372
Other		2,338	3,411	3,411
Total non-current assets		**13,103,241**	**12,958,769**	**13,024,329**
TOTAL ASSETS		**14,955,182**	**14,950,461**	**14,887,087**
CURRENT LIABILITIES				
Payables	20,28	631,036	888,660	721,127
Current tax liabilities		..	..	..
Accrued employee benefits	21,29	812,281	916,020	1,006,469
Interest bearing liabilities and derivatives		7,827	8,298	8,941
Provisions		430	470	470
Other	22	..	20,544	20,561
Total current liabilities		**1,451,574**	**1,833,992**	**1,757,568**
NON-CURRENT LIABILITIES				
Payables		..	..	..
Deferred tax liabilities		..	..	..
Accrued employee benefits		..	..	..
Interest bearing liabilities and derivatives		513,251	512,331	503,388
Provisions		..	..	..
Other		83,421	83,140	79,092
Total non-current liabilities		**596,672**	**595,471**	**582,480**
TOTAL LIABILITIES		**2,048,246**	**2,429,463**	**2,340,048**
NET ASSETS/(LIABILITIES)		**12,906,936**	**12,520,998**	**12,547,039**
EQUITY				
TOTAL EQUITY	23	**12,906,936**	**12,520,998**	**12,547,039**

Reporting entity cash flow statement

Queensland Health and Hospital and Health Services	Notes	2018-19 Budget* $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
Appropriation receipts		10,934,749	11,169,940	11,461,210
User charges and fees		1,423,031	1,459,595	1,481,910
Royalties and land rent receipts		..	..	..
Grants and other contributions		4,824,753	5,533,897	5,220,707
Interest and distribution from managed funds received		3,407	3,287	3,338
Taxes		..	..	..
Other		441,139	505,903	440,348
Outflows:				
Employee costs		(11,514,465)	(11,686,886)	(12,298,652)
Supplies and services		(4,890,845)	(5,447,165)	(5,132,896)
Grants and subsidies		(89,561)	(74,829)	(72,845)
Borrowing costs		(27,188)	(28,457)	(40,959)
Taxation equivalents paid		..	..	..
Other		(235,118)	(226,877)	(234,271)
Net cash provided by or used in operating activities		**869,902**	**1,208,408**	**827,890**
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of non-financial assets		2,984	13,946	2,451
Investments redeemed		..	..	..
Loans and advances redeemed		41,163	41,243	7,500
Outflows:				
Payments for non-financial assets		(977,022)	(749,764)	(773,430)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by or used in investing activities		**(932,875)**	**(694,575)**	**(763,479)**
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		699,705	327,810	518,068
Outflows:				
Borrowing redemptions		(7,209)	(7,657)	(8,300)
Finance lease payments		..	..	..
Equity withdrawals		(622,548)	(714,400)	(705,449)
Dividends paid		..	..	..
Net cash provided by or used in financing activities		**69,948**	**(394,247)**	**(195,681)**
Net increase/(decrease) in cash held		**6,975**	**119,586**	**(131,270)**
Cash at the beginning of financial year		**790,482**	**952,844**	**1,072,430**
Cash transfers from restructure		..	..	..
Cash at the end of financial year		**797,457**	**1,072,430**	**941,160**

*Technical adjustments have been made in this statement to reallocate amounts between categories and facilitate consistency across agencies.

Explanation of variances in the financial statements

Income statement

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

1. The increase is due to the receipt of additional funding for depreciation, the reprovision of prior year funds, the reprofiling of operating and equity funding and the receipt of Australian Government funding for Adult Public Dental Services and Cancer Screening programs.
2. The increase is due to the receipt of additional grant revenue.
3. The increase is due to higher non-recurrent miscellaneous recoveries and reimbursements.
4. The increase is due to higher than expected returns on the sale of minor plant and equipment.
5. The increase is due to the expenses incurred in the general provision of health services in line with the reprovision of prior year funding and the alignment of funding between equity and operating.
6. The decrease is due to a realignment of grant expenses within categories to outsourced service delivery.
7. The increase is due to investment in the Queensland Health capital program.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

8. The increase is due to the receipt of growth funding for the provision of frontline services together with funding for Queensland Ambulance Service enterprise bargaining agreement and depreciation offset by reduced Australian Government funding for Adult Public Dental Services.
9. The increase reflects revised National Health Reform Agreement (NHRA) estimates in line with patient activity projections, offset by reduced Specific Purpose Grant estimates.
10. The decrease reflects the non-recurrent nature of payments received in this category.
11. The increase is due to the application of enterprise bargaining agreement provisions together with expected increases in frontline staffing levels.
12. The decrease is due to the alignment of expenses between employee expenses and general services in line with updated Service Agreements with Hospital and Health Services.
13. The increase relates to movements in the floating rate component of the interest-bearing liability used to finance Sunshine Coast University Hospital assets.

Balance sheet

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

14. The increase is due to cash not yet returned for the prior year appropriation deferral and increased payables, offset by a reduction in receivables.
15. The decrease relates to the receipt of NHRA funding owed by the Australian Government for activity delivered in prior financial years.
16. The decrease relates to the settlement of Lot 1 and 3 of the former Gold Coast Hospital site.
17. The increase is due to the timing of the recoupment of the pay date loan and higher other non-current receivables.
18. The decrease relates to the reprofiling of funding from equity to operating, the re-cashflow of projects in the Queensland Health capital program and depreciation of property, plant and equipment.
19. The decrease relates to the reprofiling of funding from equity to operating and the amortisation of computer software.
20. The increase relates to the prior year appropriation deferral, along with the timing of payments to suppliers.
21. The increase relates to the Long Service Leave levy increase and additional end of year accrual days for salaries and wages.
22. The increase relates to unearned revenue recognised by the Hospital and Health Services.
23. The decrease relates to the reprofiling of funding from equity to operating and the re-cashflow of projects in the Queensland Health capital program, offset by the revaluation of non-current assets.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

24. The decrease relates to the expenditure of cash retained from previously deferred appropriation and a reduction in the amount payable to creditors.
25. The decrease is due to expected recovery of amounts outstanding for non-current salaries and wages overpayments and the pay date loan.
26. The increase reflects investment in the Queensland Health capital program in 2019-20.
27. The decrease is due to amortisation of computer software.
28. The decrease relates to the 2017-18 end of year appropriation deferral.
29. The increase is due to additional end of year accrual days for salaries and wages.

Department of Health overview

The Department of Health (the department) – under the *Hospital and Health Boards Act 2011* – is responsible for the overall leadership and management of Queensland's public health system. The department works in close collaboration with Hospital and Health Services (HHSs) and the Queensland Ambulance Service to ensure that timely, quality public health services are delivered throughout the State.

Queensland has an overarching vision for health: *My health, Queensland's future: Advancing health 2026*, which states that "by 2026 Queenslanders will be among the healthiest people in the world". This vision also aligns with the *Our Future State: Advancing Queensland's Priority* targets (1) to increase the proportion of adults and children with a healthy bodyweight by 10 per cent by 2026; and (2) to reduce the suicide rate by 50 per cent by 2026. To achieve the Queensland Health vision, the department's strategic objectives, as identified in the *Department of Health Strategic Plan 2016-2020* (2018 Update), are:

- supporting Queenslanders to be healthier: promoting and protecting the health of Queenslanders
- enabling safe, quality services: delivering and enabling safe, clinically effective, high quality health services
- equitable health outcomes: improving health outcomes through better access to services for Queenslanders
- high performance: responsive, dynamic and accountable management of the department, and of funding and service performance
- dynamic policy leadership: drive service improvement and innovation through a collaborative policy cycle
- broad engagement with partners: harnessing the skill and knowledge of our partners
- engaged and productive workforce: foster a culture that is vibrant, innovative and collaborative.

The department champions these objectives by:

- providing strategic leadership and direction for health through the development and administration of policies and legislation
- developing statewide plans for health services, workforce and major capital investment
- managing major capital works for public sector health service facilities
- purchasing health services
- supporting and monitoring the quality of health service delivery
- delivering a range of specialised health services, including prevention, promotion and protection; and providing ambulance, health information and communication technology and statewide health support services
- working with the Australian Government to facilitate enhanced coordination of health services.

The department has been successful in driving strong service delivery performance across Queensland Health in the face of increasing demand and continues to lead a range of major reforms. The department has a range of significant projects underway and planned for 2019-20.

Keeping Queenslanders healthy

The department is progressing a range of initiatives targeted at improving the health of Queenslanders, through the promotion of healthy behaviours, prevention of illness and injury and addressing the social determinants of health. This aligns with the *Our Future State: Advancing Queensland's Priority* to Keep Queenslanders Healthy, which aims to support Queenslanders to have both healthy bodies and healthy minds.

The department is progressing a number of Queensland Health and cross-government collaborative initiatives to keep Queenslanders healthy, including:

- Establishing the statutory health promotion agency Health and Wellbeing Queensland to support practical programs to contribute to reducing the burden of chronic diseases and health inequity for Queensland children, young people and families
- *Connecting Care to Recovery 2016-2021* to provide comprehensive, high quality and safe recovery-oriented mental health, alcohol and other drug services and infrastructure
- *Healthy Ageing: A Strategy for Older Queenslanders* to support healthy ageing by identifying priorities for service improvement and innovation in the delivery of healthcare for older people and co-designing workshops held for frail and older persons, cardiology and orthopaedics
- *Health and Wellbeing Strategic Framework 2017-2026*, a strategy to specifically focus on achieving and maintaining a healthy weight
- *Suicide Prevention in Health Services Initiative*, which aims to contribute to a measurable reduction in suicide.

Closing the gap – improving health outcomes for Aboriginal and Torres Strait Islander Queenslanders

An integral part of keeping Queenslanders healthy is closing the gap in health outcomes between Aboriginal and Torres Strait Islander Queenslanders and other Queenslanders. The department has been leading the recruitment process for the Chief Aboriginal and Torres Strait Islander Health Officer. This key leadership role will focus on increasing the visibility and importance of Aboriginal and Torres Strait Islander health and improving health equity and outcomes for Queensland Aboriginal and Torres Strait Islander peoples.

The department is also leading the Queensland Government's long-term effort towards closing the health gap by 2033, with the *Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033* initiative. Other key initiatives include the *Deadly Choices Program,* a foundational community chronic disease prevention and education program to empower Aboriginal and Torres Strait Islander Queenslanders to make healthy choices, and the *Safe and Healthy Water in Indigenous Local Government Areas* initiative which aims to improve the operation and management of drinking water supplies in Indigenous communities.

Delivering services and managing demand

The department aims to make the health system work better for consumers, their families and communities by aligning funding, policy and delivery outcomes. The department also partners with HHSs to continually improve efficiency of health services with services purchased from HHSs, not-for-profit, community and other non-government organisations through a range of funding mechanisms including partnerships, service agreements and grant funding. This involves establishing purchasing priorities for investment and supporting system-wide reforms to improve operational efficiency and maximise health outcomes from available resources.

The department is also progressing a number of initiatives to improve access to quality and safe healthcare in its different forms and settings. This includes more innovative models of care, such as, community-based services as an alternative to hospital services where clinically appropriate, implementation of integrated care to help patients get the right care, in the right setting, in a timely and flexible manner, and a continuing focus on patient safety including extension of nurse-to-patient ratios to acute public mental health wards and public aged care facilities.

An ongoing focus is identification of health service needs to inform planning for operational growth, workforce planning, infrastructure and resources. Targeted investment and detailed planning underpins the continued expansion and refurbishment of hospitals and health facilities including the *Building Better Hospitals* program which will see major redevelopments at the Logan, Caboolture and Ipswich hospitals.

Strategies to manage and respond to demand pressures are critical to ensuring the ongoing sustainability of the health system and include improving access to timely specialist outpatient services under the *Specialist Outpatient Strategy* and gastrointestinal endoscopies under the *Endoscopy Action Plan.* Improving the management of demand for emergency care will focus on pre-emptively investing in strategies to manage demand surges at peak times, such as winter. Other investments will focus on clinical initiatives that support alternative models of care and reducing length of stay to support the continuation of timely, quality and appropriate, patient focused emergency care.

Achieving system efficiencies through digital transformations

The department is leading transformation of health service delivery and enhancement of critical systems by developing and promoting translation of research into better practice and care. Initiatives include the transformation from paper-based clinical workflows to digital processes, thereby improving the way healthcare is provided to patients under the integrated electronic Medical Records (ieMR) program. The ieMR will support more efficient delivery of health services by reducing duplication of medical tests, improving treatment decisions, improving visibility of product usage, and enabling better allocation of staff resources and models of care. In 2019, the Financial System Renewal (FSR) Program will be transitioning the Department of Health and the HHSs to a modern, business and logistics solution, SAP S/4HANA, which will enable improvements to financial administration practices.

System efficiencies are also being achieved by implementing a new Procurement Operating Model across Queensland's public health system and continuing development of forward procurement plans to improve the delivery of benefits to HHSs.

Cross-government collaboration

The department also supports whole-of-government initiatives such as:

- Supporting Families Changing Futures – Advancing Queensland's child protection and family support reforms – the Government's child and family reform agenda
- *Domestic and Family Violence Prevention Strategy 2016-2026* and the Government response to the Report from the Taskforce on Domestic and Family Violence in Queensland
- National Disability Insurance Scheme (NDIS) – by addressing implementation issues and ensuring continuity of support for individuals with a functional impairment resulting from a permanent disability

- the Government's reforms to the criminal justice system to reduce demand and divert offenders into appropriate referral and rehabilitation programs across health and community support services
- Strengthening Coronial Service Delivery – create a stronger coronial system that supports families, provides timely assistance to coroners, and works towards reducing preventable deaths
- Action on Ice – plan to address use and harms caused by crystal methamphetamine
- Shifting Minds Suicide Prevention Flagship – initiative in support of the Our Future State: Advancing Queensland's Priority target to reduce the suicide rate by 50 per cent by 2026.

Service Performance

Queensland Health Corporate and Clinical Support

Service Area 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.

Staffing[1,2,3]

Department of Health	2018-19 Budget	2018-19 Est Actual	2019-20 Budget
eHealth Queensland[4,6]	1,498	1,508	1,540
Health Support Queensland[7]	4,381	4,351	4,384
Other Department of Health[5,8]	1,766	1,961	1,804
TOTAL	**7,645**	**7,820**	**7,728**

Notes:

1. The 2018-19 Budget reflects the forecast full-time equivalents (FTEs) as at 30 June 2019 published in the 2018-19 *Service Delivery Statement* (SDS).
2. The 2018-19 Estimated Actual reflects the estimated FTEs as at 30 June 2019.
3. The 2019-20 Budget represents the forecast FTEs as at 30 June 2020.
4. The increase in FTE from the 2018-19 Budget to 2018-19 Estimated Actual relates primarily to additional temporary staff required to deliver the Laboratory Information System project.
5. The increase in FTE from the 2018-19 Budget to 2018-19 Estimated Actual predominantly relates to the capital funded FTEs employed within the HHSs to deliver capital projects. The capital program funding is centrally managed, and these staff are recorded against the Department of Health (the department) but were not allowed for in the 2018-19 Budget. (With HHSs taking on more responsibility for capital project delivery, including the employment of staff to deliver the capital projects, these FTEs will be reflected against the relevant HHSs from 2019-20).
6. The increase in FTE in the 2019-20 Budget relates to expected growth in existing and new services to meet a higher demand in digital healthcare and technological advancements.
7. The increase in FTE between the 2018-19 Estimated Actual and 2019-20 Budget is predominantly driven by growth in services provided to HHSs to meet increased service demand and process improvements, including Pathology Queensland, Central Pharmacy and Biomedical and Technology Services. An additional 4 FTEs have also been included for the Strengthening Coronial Service Delivery (Enhancing Triaging Practices and Strengthening Case Management and Counselling Support) programs.
8. The decrease in FTE between the 2018-19 Estimated Actual and 2019-20 Budget largely relates to the capital funded FTEs recorded against the department in 2018-19, but now reflected in the HHS FTE count. Also included in the 2019-20 Budget are 3 FTEs for the Court Link Enhancement (trial of dedicated alcohol and other Drugs treatment services) program and additional funding and 4 FTEs for the Brisbane Youth Detention Centre.

Department of Health	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Service area: Queensland Health Corporate and Clinical Support			
Service standards *Effectiveness measures* Percentage of Wide Area Network (WAN) availability across the state[1]			
● Metro	99.8%	100.0%	99.8%
● Regional	95.7%	99.9%	95.7%
● Remote	92%	99.7%	92%
Percentage of high-level ICT incidents resolved within specified timeframes[2,3]			
● Priority 1	80%	100%	80%
● Priority 2	80%	95%	80%
Efficiency measures Percentage of capital infrastructure projects delivered on budget and within time and scope within a 5% unfavourable tolerance[4]	95%	86%	95%
Percentage of correct, on time pays[5]	98.0%	99.3%	98%
Percentage of calls to 13 HEALTH answered within 20 seconds[6]	80%	84.3%	80%
Other measures Percentage of initiatives with a status reported as critical (Red)[7]	<15%	3.2%	<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[8]	100%	100%	100%

Notes:

1. This is a measure of the availability and access of Information and Communication Technology (ICT) services via Queensland Health's Wide Area Network service across the state. The 2018-19 Estimated Actual WAN represents average monthly availability across the period from July 2018 to April 2019.
2. This measure provides an indication of the level and variety of support provided to Queensland Health through this Service Area within required timeframes. Priority 1 definition: An enterprise application or infrastructure is inaccessible to all users at a tertiary referral hospital or multiple primary hospitals, e.g., 'Email system is down'. Priority 2 definition: An enterprise application or infrastructure is inaccessible to multiple business units at a tertiary referral hospital or to all users at a secondary referral hospital.
3. The 2018-19 Estimated Actual representing incident resolution within agreed timeframes is the number of incidents of each priority resolved within Service Level Agreement timeframes divided by the total resolved, across the period 1 July 2018 to 30 April 2019. Calculations are based on the time parameters of the Service Level Agreement (SLA), with allowances for time waiting for customer input and an assurance period after initial resolution to ensure no reoccurrence of the event. On this basis, 4 out of 4 Priority 1 incidents and 179 out of 189 Priority 2 incidents were resolved within agreed timeframes.
4. This measure shows the percentage of construction projects delivered within scope, budget and time allocations as at 10 May 2019. The 2018-19 Target/Estimate has not been achieved due to project schedule slippages caused by latent conditions, and delays encountered with land designation and land use agreements.
5. The measure is calculated by the number of forms processed on time which were submitted prior to the advertised deadline for the relevant period as a proportion of all forms submitted prior to the advertised deadline for the relevant period.
   The measure allows for an accurate representation of the Department of Health's performance in processing payments to employees, after allowing for impacts which are outside of its direct and effective control, such as the quality and timeliness of form submission. The data is captured for the period 1 July 2018 to 21 April 2019.
6. Funding and human resources is calculated to achieve the performance indicator of 80 per cent of calls answered in 20 seconds as this is internationally recognised as a suitable target/grade of service for health call centres. 13 HEALTH is above the Key Performance Indicator target of 80 per cent.
7. This measure is calculated as the number of eHealth Queensland delivered initiatives reporting a 'red' Portfolio status, divided by the total count of eHealth Queensland initiatives reported. The 2018-19 Estimated Actual measure is based on the March 2019 dataset. A

'red' portfolio status indicates where an initiative is forecast to exceed its baseline budget by 10 per cent or more, the end date of the project is forecast to be delayed by 30 days or more, or deliverables associated with the project have been found to be not fit-for-purpose. Additionally, the following also contributes to assessing a 'red' portfolio status of an initiative: the estimated total project cost; the initiative stage; impacts/consequences for the late delivery of outcomes, and vendor implications.

8. 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 of concern if required.

Controlled income statement

Queensland Health	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
INCOME				
Appropriation revenue	1,6	10,934,749	11,413,123	11,629,810
Taxes		..	..	..
User charges and fees		4,066,095	4,147,198	4,211,733
Royalties and land rents		..	..	..
Grants and other contributions	2,7	4,712,648	4,890,553	5,091,116
Interest and distributions from managed funds		668	659	659
Other revenue	3,8	22,016	16,204	15,195
Gains on sale/revaluation of assets		952	1,172	972
Total income		**19,737,128**	**20,468,909**	**20,949,485**
EXPENSES				
Employee expenses		3,694,926	3,756,263	3,927,437
Supplies and services	4	15,632,245	16,271,866	16,628,678
Grants and subsidies	5	77,404	59,335	61,331
Depreciation and amortisation	9	148,509	154,329	163,347
Finance/borrowing costs		..	..	91
Other expenses	10	153,114	153,397	163,151
Losses on sale/revaluation of assets		950	1,502	950
Total expenses		**19,707,148**	**20,396,692**	**20,944,985**
OPERATING SURPLUS/(DEFICIT)		**29,980**	**72,217**	**4,500**

Controlled balance sheet

Queensland Health	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CURRENT ASSETS				
Cash assets	11,20	273,702	516,654	390,785
Receivables	12	846,957	671,912	683,841
Other financial assets		..	..	..
Inventories		71,720	63,236	63,236
Other	13	81,088	62,433	63,303
Non-financial assets held for sale	14	22,951	9,023	9,023
Total current assets		**1,296,418**	**1,323,258**	**1,210,188**
NON-CURRENT ASSETS				
Receivables	15,21	40,108	58,046	48,288
Other financial assets		77,721	76,458	76,458
Property, plant and equipment	16	1,347,843	1,063,277	1,029,280
Intangibles	22	333,757	325,235	302,581
Other		2,081	2,966	2,966
Total non-current assets		**1,801,510**	**1,525,982**	**1,459,573**
TOTAL ASSETS		**3,097,928**	**2,849,240**	**2,669,761**
CURRENT LIABILITIES				
Payables	17,23	485,827	652,272	494,911
Accrued employee benefits	18,24	499,281	580,662	636,542
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		2,939	3,073	3,073
Total current liabilities		**988,047**	**1,236,007**	**1,134,526**
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		3,561	2,739	2,739
Total non-current liabilities		**3,561**	**2,739**	**2,739**
TOTAL LIABILITIES		**991,608**	**1,238,746**	**1,137,265**
NET ASSETS/(LIABILITIES)		**2,106,320**	**1,610,494**	**1,532,496**
EQUITY				
TOTAL EQUITY	19,25	**2,106,320**	**1,610,494**	**1,532,496**

Controlled cash flow statement

Queensland Health	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
Appropriation receipts		10,934,749	11,169,940	11,461,210
User charges and fees		4,077,170	4,163,955	4,223,420
Royalties and land rent receipts		..	..	..
Grants and other contributions		4,634,068	5,317,206	5,012,877
Interest and distribution from managed funds received		668	659	659
Taxes		..	..	..
Other		189,860	228,663	180,245
Outflows:				
Employee costs		(3,688,281)	(3,710,441)	(3,878,151)
Supplies and services		(15,718,635)	(16,406,100)	(16,705,840)
Grants and subsidies		(77,404)	(59,335)	(61,331)
Borrowing costs		..	..	(91)
Other		(168,109)	(168,373)	(178,145)
Net cash provided by or used in operating activities		**184,086**	**536,174**	**54,853**
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of non-financial assets		3,402	3,599	2,022
Investments redeemed		..	..	..
Loans and advances redeemed		41,163	41,243	7,500
Outflows:				
Payments for non-financial assets		(814,075)	(524,587)	(606,607)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by or used in investing activities		**(769,510)**	**(479,745)**	**(597,085)**
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		1,390,408	1,054,404	1,259,958
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		(758,103)	(888,284)	(843,595)
Net cash provided by or used in financing activities		**632,305**	**166,120**	**416,363**
Net increase/(decrease) in cash held		**46,881**	**222,549**	**(125,869)**
Cash at the beginning of financial year		**226,821**	**294,105**	**516,654**
Cash transfers from restructure		..	..	..
Cash at the end of financial year		**273,702**	**516,654**	**390,785**

Administered income statement

Queensland Health	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
INCOME				
Appropriation revenue	26	18,744	30,948	30,955
Taxes		..	..	..
User charges and fees		..	..	..
Royalties and land rents		..	..	..
Grants and other contributions		..	..	..
Interest and distributions from managed funds		..	..	..
Other revenue		4	4	4
Gains on sale/revaluation of assets		..	..	..
Total income		**18,748**	**30,952**	**30,959**
EXPENSES				
Employee expenses		..	..	..
Supplies and services		..	..	..
Grants and subsidies	27	18,748	30,952	30,959
Depreciation and amortisation		..	..	..
Finance/borrowing costs		..	..	..
Other expenses		..	..	..
Losses on sale/revaluation of assets		..	..	..
Transfers of Administered Revenue to Government		..	..	..
Total expenses		**18,748**	**30,952**	**30,959**
OPERATING SURPLUS/(DEFICIT)		**..**	**..**	**..**

Administered balance sheet

Queensland Health	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CURRENT ASSETS				
Cash assets		4	8	8
Receivables		..	..	..
Other financial assets		..	..	..
Inventories		..	..	..
Other		..	..	..
Non-financial assets held for sale		..	..	..
Total current assets		**4**	**8**	**8**
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment		..	..	..
Intangibles		..	..	..
Other		..	..	..
Total non-current assets		**..**	**..**	**..**
TOTAL ASSETS		**4**	**8**	**8**
CURRENT LIABILITIES				
Payables		..	..	..
Transfers to Government payable		4	8	8
Accrued employee benefits		..	..	..
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total current liabilities		**4**	**8**	**8**
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		**..**	**..**	**..**
TOTAL LIABILITIES		**4**	**8**	**8**
NET ASSETS/(LIABILITIES)		**..**	**..**	**..**
EQUITY				
TOTAL EQUITY		**..**	**..**	**..**

Administered cash flow statement

Queensland Health	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
Appropriation receipts		18,744	30,948	30,955
User charges and fees		..	..	..
Royalties and land rent receipts		..	..	..
Grants and other contributions		..	..	..
Interest and distribution from managed funds received		..	..	..
Taxes		..	..	..
Other		4	4	4
Outflows:				
Employee costs		..	..	..
Supplies and services		..	..	..
Grants and subsidies		(18,748)	(30,952)	(30,959)
Borrowing costs		..	..	..
Other		..	..	..
Transfers to Government		..	..	..
Net cash provided by or used in operating activities		**..**	**..**	**..**
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of non-financial assets		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
Outflows:				
Payments for non-financial assets		..	..	..
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by or used in investing activities		**..**	**..**	**..**
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		..	..	..
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	..
Net cash provided by or used in financing activities		**..**	**..**	**..**
Net increase/(decrease) in cash held		**..**	**..**	**..**
Cash at the beginning of financial year		**4**	**8**	**8**
Cash transfers from restructure		..	..	..
Cash at the end of financial year		**4**	**8**	**8**

Explanation of variances in the financial statements

Income statement

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

1. The increase is due to the receipt of additional funding for depreciation, the reprovision of prior year funds, the reprofiling of operating and equity funding and the receipt of Australian Government funding for Adult Public Dental Services and Cancer Screening programs.
2. The increase is due to the receipt of additional grant revenue.
3. The decrease is due to lower return of unspent funds associated with non-government organisations.
4. The increase is due to the expenses incurred in the general provision of health services in line with the reprovision of prior year funding and alignments.
5. The decrease is due to realignment of grant expenses to outsourced service delivery.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

6. The increase is due to the receipt of growth funding for the provision of frontline services together with funding for Queensland Ambulance Service enterprise bargaining agreement and depreciation offset by reduced Australian Government funding for Adult Public Dental Services.
7. The increase reflects revised National Health Reform Agreement (NHRA) estimates in line with patient activity projections, offset by reduced Specific Purpose Grant estimates.
8. The decrease reflects lower forecast miscellaneous recoveries and reimbursements.
9. The increase reflects the ongoing investment in the Queensland Health capital program.
10. The increase reflects the expected escalation to insurance related expenses.

Balance sheet

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

11. The increase is due to cash not yet returned for the prior year appropriation deferral.
12. The decrease relates to the receipt of NHRA funding owed by the Australian Government for activity delivered in prior financial years.
13. The decrease is due to a reduction in prepaid expenses to Hospital and Health Services (HHS).
14. The decrease relates to the settlement of Lot 1 and 3 of the former Gold Coast Hospital site.
15. The increase is due to the timing of recoupment of the pay date loan and higher other non-current receivables.
16. The decrease relates to the reprofiling of funding from equity to operating, the re-cashflow of projects in the Queensland Health capital program and transfer of non-current assets to HHSs.
17. The increase relates to the prior year appropriation deferral.
18. The increase relates to the Long Service Leave levy increase and additional end of year accrual days for salaries and wages.
19. The decrease relates to the reprofiling of funding from equity to operating, the re-cashflow of projects in the Queensland Health capital program and the transfer of non-current assets to HHSs.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

20. The decrease relates to the expenditure of cash retained from previously deferred appropriation.
21. The decrease is due to expected recovery of amounts outstanding for non-current salaries and wages overpayments and pay date loan.
22. The decrease is due to amortisation of computer software.
23. The decrease relates to the 2017-18 end of year appropriation deferral.
24. The increase is due to additional end of year accrual days for salaries and wages.
25. The decrease reflects the transfer of completed non-current assets to HHSs.

Administered income statement

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

26. The increase is due to additional funding for the Office of the Health Ombudsman from Queensland Health.

27. The increase reflects the expense associated with the additional funding for the Office of the Health Ombudsman.

Queensland Ambulance Service

Overview

The Queensland Ambulance Service (QAS) is an integral part of the primary health care sector in Queensland. The QAS's mission is to deliver timely, quality and appropriate, patient-focused ambulance services to the Queensland community. Established by the *Ambulance Service Act 1991*, the QAS operates as a statewide service within Queensland Health, and is accountable for the delivery of 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.

The QAS delivers ambulance services through 15 Local Ambulance Service Networks (LASNs) which are aligned to the State's Hospital and Health Services. A 16th statewide LASN comprises the Operations Centres (OpCens). There are eight QAS OpCens throughout Queensland responsible for emergency call taking, operational deployment and dispatch, and coordination of non-urgent patient transport services.

The QAS is committed to enhancing patient and staff safety, delivering quality ambulance services in a timely manner and retaining a well-trained, well-equipped workforce, as part of its contribution to the Government's objectives for the community as outlined in *Our Future State: Advancing Queensland's Priorities to Keep Queenslanders healthy*. The QAS does this by ensuring that its operations and supporting systems are continually improved to meet its service delivery obligations in a complex, and highly dynamic operating environment. Future challenges facing the QAS include population increases, an ageing demographic, and developing innovative and integrated services with other health service providers to deliver better, more effective care pathways for Queenslanders. Key developments for the QAS in 2019-20 will include investments in:

- retaining a well-trained and well-equipped workforce
- strategic land acquisitions and the planning and construction of ambulance stations throughout the State
- new and replacement ambulance vehicles equipped with power assisted stretchers
- enhancing QAS response and deployment systems
- implementing strategies for providing non-hospital services for patients presenting with mental health related conditions.

Service summary

The QAS delivers services from 296 response locations across Queensland. In 2018-19, the QAS:

- recruited 100 additional ambulance operatives to provide enhanced roster coverage
- commissioned 85 new and replacement ambulance vehicles
- progressed planning of major capital projects for new ambulance stations at Urraween and Yarrabilba, and a new station and Local Ambulance Service Network (LASN) office at Drayton
- undertook planning for the replacement of ambulance stations at Kirwan and Mareeba, the redevelopment of the Cairns Ambulance Station and Operations Centre, and the Southport Ambulance Station and Gold Coast Operations Centre
- continued planning for the refurbishment of the Rockhampton Ambulance Station and Operations Centre
- progressed development of the consolidated QAS data warehouse environment and Dynamic Deployment software.

For 2019-20, the QAS has an operating budget of $885.8 million which is an increase of $85.4 million the published 2018-19 operating budget of $800.3 million. This includes funding for 200 additional ambulance operatives throughout the State to meet the continuing growth in demand for ambulance services and additional funding for the third year of the Queensland Ambulance Service Certified Agreement 2017.

In 2019-20, the QAS provides a capital expenditure budget of $55.7 million. The QAS will:

- progress the construction and planning phases for new ambulance stations at Urraween and Yarrabilba, and a new ambulance station and LASN office at Drayton
- continue the planning and construction phases for the replacement of ambulance stations at Kirwan and Mareeba, the redevelopment of the Cairns Ambulance Station and Operations Centre, the Southport Ambulance Station and Gold Coast Operations Centre, and refurbishment of the Rockhampton Ambulance Station and Operations Centre
- commence planning for a new ambulance station at Munruben
- commission 122 new and replacement ambulance vehicles. The QAS will continue the rollout of power assisted stretchers, which provide an enhanced work platform for paramedics and patient transport officers to improve patient and officer safety
- progress the implementation and deployment of several new capabilities supporting emergency response and dynamic deployment dispatch activities, together with a new system for non-urgent patient transport requests
- invest in the consolidation of the QAS data warehouse environment which will further underpin enhancement of the QAS Business Intelligence Strategy, along with the deployment of the Dynamic Deployment application.

Service Performance

Performance Statement

Ambulance Services

Service Area 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.

Sources of revenue

Total cost $'000	State contribution $'000	User charges & fees $'000	C'wth revenue $'000	Other revenue $'000
885,749	831,064	32,145	..	22,540

Staffing[1,2,3,4,5]

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
4,507	4,585	4,707

Notes:

1. The 2018-19 Budget reflects the forecast full-time equivalents (FTEs) as at 30 June 2019 published in the 2018-19 *Service Delivery Statement*.
2. The 2018-19 Estimated Actual reflects the estimated FTEs as at 30 June 2019.
3. The 2019-20 Budget represents the forecast FTEs as at 30 June 2020 and may change throughout 2019-20 due to changes in demand.
4. The increase in FTE between 2018-19 Budget and 2018-19 Estimated Actual relates to additional ambulance officers that have been engaged to meet demand for services as part of the winter flu strategy.
5. The increase between the 2018-19 Estimated Actual and 2019-20 Budget relates to additional funding received in 2019-20 for the recruitment of 200 ambulance operatives to meet continued and sustained demand for ambulance transport services and pre-hospital care.

Queensland Ambulance Service		2018-19 Target/Est.	2018-19 Est Actual	2019-20 Target/Est.
Service standards *Effectiveness measures* Time within which code 1 incidents are attended[1,2,3,4]				
● 50th percentile response time (minutes)[5]	Code 1A	8.2	7.4	8.2
	Code 1B	8.2	8.6	8.2
	Code 1C	8.2	9.0	8.2
● 90th percentile response time (minutes)[6]	Code 1A	16.5	13.8	16.5
	Code 1B	16.5	16.4	16.5
	Code 1C	16.5	17.4	16.5
Percentage of Triple Zero (000) calls answered within 10 seconds[7]		90%	92%	90%

Queensland Ambulance Service	2018-19 Target/Est.	2018-19 Est Actual	2019-20 Target/Est.
Percentage of non-urgent incidents attended to by the appointment time[2,8]	70%	83%	70%
Percentage of patients who report a clinically meaningful pain reduction[9]	85%	86%	85%
Patient experience[10,11]	97%	98%	97%
Efficiency measure Gross cost per incident[2,12]	$703	$707	$744

Notes:

1. Code 1 incidents are potentially life-threatening necessitating the use of ambulance warning devices (lights and/or siren) en-route. Code 1 incidents are prioritised as:

   1A – Acute time critical, where a patient presents with abnormal or absent vital signs

   1B – Emergent time critical, where a patient has a pattern of injury or significant illness that has a high probability of deterioration, or

   1C – Potential time critical, where a patient does not present with a pattern of injury or significant illness, but has a significant mechanism of injury or history that indicates a high potential for deterioration.
2. An incident is an event that results in one or more responses by the ambulance service.
3. The time within which Code 1 incidents are attended is referred to as the 'Response time'. Response time is defined as the time taken between the initial receipt of the call for an emergency ambulance at the communications centre and the arrival of the first responding ambulance resource at the scene of an emergency. Short or reducing response times are desirable as it suggests a reduction in the adverse effects on patients and the community, of those emergencies requiring ambulance services.
4. As at 2018-19 year to date (YTD) 30 April 2019, the QAS has responded to 331,862 Code 1 incidents, representing a 5 per cent increase from the comparison YTD period in 2017-18. This increased demand for service has affected the ability of the QAS to meet response time targets in some areas. Code 1B response times are outside the *Service Delivery Statement* response times targets at the 50th and 90th percentiles due to an increase of 2 per cent to a 2018-19 YTD total of 99,378, and Code 1C response times are outside the response times targets at the 50th and 90th percentiles due to a 6 per cent increase in Code 1C incidents to a 2018-19 YTD total of 223,281 incidents.
5. This measure reports the time within which 50 per cent of the first responding ambulance resources arrive at the scene of an emergency in Code 1 (1A, 1B, 1C) situations. 2018-19 Estimated Actual data as at 30 April 2019.
6. This measure reports the time within which 90 per cent of the first responding ambulance resources arrive at the scene of an emergency in Code 1 (1A, 1B, 1C) situations. 2018-19 Estimated Actual data as at 30 April 2019.
7. This measure reports the percentage of Triple Zero (000) calls answered by QAS operations centre staff in a time equal to or less than ten seconds. 2018-19 Estimated Actual data as at 30 April 2019.
8. This measure reports the proportion of medically authorised road transports (Code 3) (excluding Queensland Health and aero-medical transports) which arrive on time for designated appointment or are met for returned transport within two hours of notification of completion of an appointment (Code 4). 2018-19 Estimated Actual data as 30 April 2019.
9. Clinically meaningful pain reduction is defined as a minimum two-point reduction in pain score from first to final recorded measurement. Includes patients aged 16 years and over who received care from the ambulance service which included the administration of pain medication (analgesia). Includes patients where at least two pain scores (pre- and post-treatment) were recorded and, on a numeric rating scale of one to ten, the initial pain score was at least seven. 2018-19 Estimated Actual data as at 30 April 2019.
10. Prior reporting periods have utilised 'Patient Satisfaction' as the service standard, which was amended to 'Patient Experience' in 2018-19 reporting period to better clarify what is being measured. This is a change to wording only, the calculation methodology remains unchanged.
11. Overall satisfaction score is reported as 'Patient Experience' from one single question from the Council of Ambulance Authorities (CAA) National Patient Satisfaction Survey Questionnaire (Q10. Please rate how satisfied were you overall with your last experience using the Ambulance Service). This is the total number of patients who were either 'satisfied' or 'very satisfied' with ambulance services they had received, divided by the total number of patients that responded to the National Patient Satisfaction Survey of the CAA. However, it should be noted that internal reporting of satisfaction is undertaken across multiple separate components of the patient's experience to indicate the factors impacting on the overall satisfaction score on a year-by-year basis. 2018-19 Estimated Actual figure obtained from CAA Report released in November 2018.
12. This measure reports ambulance service expenditure divided by the number of incidents. The increase in 2018-19 Target/Estimate for cost per incident relates to additional costs associated with frontline staff enhancements to meet increasing demand for ambulance transport services, enterprise bargaining requirements, and additional investment in information and communication technology.

Controlled income statement

Queensland Ambulance Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
INCOME				
Appropriation revenue	1,6	675,953	673,840	831,064
Taxes		..	..	..
User charges and fees	7	99,972	100,929	32,145
Royalties and land rents		..	..	..
Grants and other contributions	2	24,589	27,294	25,013
Interest and distributions from managed funds		..	..	..
Other revenue		869	1,035	1,056
Gains on sale/revaluation of assets		950	950	971
Total income		**802,333**	**804,048**	**890,249**
EXPENSES				
Employee expenses	3,8	616,691	613,856	684,987
Supplies and services	4,9	134,244	147,347	159,344
Grants and subsidies	5	8,500	..	..
Depreciation and amortisation		38,430	38,430	38,870
Finance/borrowing costs		..	..	91
Other expenses		1,518	1,465	1,507
Losses on sale/revaluation of assets		950	950	950
Total expenses		**800,333**	**802,048**	**885,749**
OPERATING SURPLUS/(DEFICIT)		**2,000**	**2,000**	**4,500**

Controlled balance sheet

Queensland Ambulance Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CURRENT ASSETS				
Cash assets	10,16	56,833	72,625	78,162
Receivables	11,17	32,220	22,291	17,675
Other financial assets		..	..	..
Inventories		299	200	200
Other		2,478	1,403	1,403
Non-financial assets held for sale		..	..	..
Total current assets		**91,830**	**96,519**	**97,440**
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment	12,18	465,960	469,111	478,555
Intangibles	13,19	4,219	8,210	14,551
Other		..	..	..
Total non-current assets		**470,179**	**477,321**	**493,106**
TOTAL ASSETS		**562,009**	**573,840**	**590,546**
CURRENT LIABILITIES				
Payables	14	37,796	33,587	33,587
Accrued employee benefits	15,20	25,036	33,757	41,313
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		39	72	72
Total current liabilities		**62,871**	**67,416**	**74,972**
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		**..**	**..**	**..**
TOTAL LIABILITIES		**62,871**	**67,416**	**74,972**
NET ASSETS/(LIABILITIES)		**499,138**	**506,424**	**515,574**
EQUITY				
TOTAL EQUITY		**499,138**	**506,424**	**515,574**

Controlled cash flow statement

Queensland Ambulance Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
Appropriation receipts		675,953	672,267	831,064
User charges and fees		99,022	99,979	36,990
Royalties and land rent receipts		..	..	..
Grants and other contributions		24,589	26,044	25,013
Interest and distribution from managed funds received		..	..	..
Taxes		..	..	..
Other		869	1,035	1,056
Outflows:				
Employee costs		(616,691)	(608,606)	(678,610)
Supplies and services		(134,244)	(145,901)	(159,344)
Grants and subsidies		(8,500)	..	..
Borrowing costs		..	..	(91)
Other		(1,518)	(1,465)	(1,507)
Net cash provided by or used in operating activities		**39,480**	**43,353**	**54,571**
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of non-financial assets		3,400	3,400	2,021
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
Outflows:				
Payments for non-financial assets		(32,523)	(33,034)	(55,705)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by or used in investing activities		**(29,123)**	**(29,634)**	**(53,684)**
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		4,600	4,600	4,650
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	..
Net cash provided by or used in financing activities		**4,600**	**4,600**	**4,650**
Net increase/(decrease) in cash held		**14,957**	**18,319**	**5,537**
Cash at the beginning of financial year		**41,876**	**54,306**	**72,625**
Cash transfers from restructure		..	..	..
Cash at the end of financial year		**56,833**	**72,625**	**78,162**

Explanation of variances in the financial statements

Income statement

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

1. The decrease is due to the deferral of funding associated with the rescheduling of information and communication technology (ICT) projects into 2019-20.
2. The increase is principally due to additional funds received from the Motor Accident Insurance Commission, contributed land at Yarrabilba and other donations and funding for Disaster Recovery Funding Arrangements activity.
3. The decrease principally relates to reduced overtime expenses from prudent planning, demand monitoring and alignment of operational resources to ensure service delivery response times and patient outcome targets were met in a cost-effective manner.
4. The increase principally relates to the reclassification of grants and subsidies expenditure for outsourced ICT services as well as additional costs associated with medical consumables and motor vehicle expenses.
5. The decrease in grants and subsidies is due to the reclassification of outsourced ICT expenditure to supplies and services.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

6. The increase is due to additional funding for 200 ambulance operatives to meet increasing demand for ambulance transport services, wage increases associated with the Queensland Ambulance Service (QAS) Certified Agreement 2017 and the direct receipt of appropriation revenue for medically authorised ambulance transports as a part of a revised and streamlined funding arrangement.
7. The decrease is due to revenue for medically authorised ambulance transports being received directly as appropriation revenue by the QAS.
8. The increase is principally due to additional funding for 200 ambulance operatives to meet increasing demand for ambulance transport services and pre-hospital care and wage increases associated with the QAS Certified Agreement 2017.
9. The increase relates mostly to non-labour growth associated with 200 additional ambulance officers and deferred funding from 2018-19 for ICT projects.

Balance sheet

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

10. The increase is due to higher payables and lower receivables closing balances in the 2017-18 audited financial statements.
11. The decrease is due to improved working capital management.
12. The increase is due to land, building, vehicle and operational equipment acquisitions and land and building revaluations.
13. The increase is due to ongoing investment in ICT projects to enhance patient care and service delivery.
14. The decrease is due to improved working capital management.
15. The increase is principally due to wage increases associated with the QAS Certified Agreement 2017 and the increased end of year salary and wages payable.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

16. The increase is principally due to the scheduling of the capital acquisition program over 2019-20 and the forward estimates period, reduced receivables as a result of the revised medically authorised ambulance transports funding arrangement and increased end of year salary and wages payable.
17. The decrease is principally due to the revised medically authorised ambulance transports funding arrangement.
18. The increase is due to planned land, building, vehicle and operational equipment acquisitions.
19. The increase is due to ongoing investment in ICT projects to enhance patient care and service delivery.
20. The increase is principally due to wage increases associated with QAS Certified Agreement 2017 and the increased end of year salary and wages payable.

Cairns and Hinterland Hospital and Health Service

Overview

The Cairns and Hinterland Hospital and Health Service (HHS) is an independent statutory body overseen by a local Hospital and Health Board. The Cairns and Hinterland HHS is responsible for the delivery of local public hospital and health services in the geographical area stretching from Jumbun in the south to Cow Bay in the north and Croydon in the west. This area is approximately 141,000 square kilometres in size and supports an estimated 285,000 people. By 2026, it is estimated that an additional 67,000 people will reside within the catchment area with close to one in five residents being over 65 years of age.

The Cairns Hospital is the main referral Hospital for Far North Queensland and the Cairns and Hinterland HHS provides 95 per cent of all services required by our community and delivers the specialist services for the Torres and Cape region.

The Cairns and Hinterland HHS is responsible for the direct management of the facilities within the HHS's geographical boundaries including:

- Atherton Hospital
- Babinda Multi-Purpose Health Centre
- Cairns Hospital
- Chillagoe Primary Health Centre
- Cow Bay Primary Health Centre
- Croydon Primary Health Centre
- Dimbulah Primary Health Centre
- Forsayth Primary Health Centre
- Georgetown Primary Health Centre
- Gordonvale Hospital
- Yarrabah Emergency Services
- Herberton Hospital
- Innisfail Hospital
- Lotus Glen Health Service
- Malanda Primary Health Centre
- Mareeba Hospital
- Millaa Millaa Primary Health Centre
- Mossman Multi-Purpose Health Service
- Mount Garnet Primary Health Centre
- Ravenshoe Primary Health Care Centre
- Tully Hospital

The Cairns and Hinterland HHS is committed to achieving its vision of excellence in healthcare, wellbeing, education and research in Far North Queensland.

In working towards advancing Queensland to improve the health of Queenslanders, the strategic plan of the Cairns and Hinterland HHS aligns with the directions outlined in *My health, Queensland's future: Advancing health 2026.* Our priorities are:

- our patients, as we work to provide safe and equitable healthcare closer to home
- our people, through building a culture of excellence that fosters compassion, accountability, integrity and respect
- Aboriginal and Torres Strait Islander Communities, by working in partnership to improve our service delivery and our continued contribution to the National Indigenous Reform Agreement
- research and education to deliver better health outcomes
- technology optimisation to provide better access to and continuity of care
- future growth and sustainability by improving the capability of our services, our financial performance and delivering on our service directions.

The priorities also contribute to the Government's objectives for the community: *Our Future State: Advancing Queensland's Priorities* to Keep Queenslanders healthy and Give all our children a great start.

Service summary

The Cairns and Hinterland HHS has an operating budget of $1 billion for 2019-20 which is an increase of $63.6 million from the published 2018-19 operating budget of $936.7 million.

The Cairns and Hinterland HHS delivers a broad range of secondary and tertiary health services through the Cairns Hospital, a major regional hospital which hosts a number of outreach services to Torres and Cape HHS, as well as being a major referral accepting site for rural and remote patients both within and outside the HHS geographical footprint.

The Cairns and Hinterland HHS also provides a comprehensive range of community and primary health services, including aged care assessment; Aboriginal and Torres Strait Islander health programs; child and maternal health services; alcohol, tobacco and other drug services; home care services; community health nursing; sexual health services; allied health services; oral health; offender and refugee health services; Tropical Public Health Services and health promotion programs.

During 2019-20, the Cairns and Hinterland HHS will continue to focus efforts to:

- deliver strategies relating to the six priorities in the Cairns and Hinterland HHS Strategic Plan *Your Voice, Our Future 2018-2022*
- meet the needs of our community by following the direction outlined in the *Clinical Service Plan 2018-2022*, which details how to improve and grow our services over the next five to ten years
- progress the health outcomes of Aboriginal and Torres Strait Islander people through partnering with other healthcare and social service providers
- implement initiatives to decrease the number of patients waiting outside clinically recommended timeframes across all categories
- advance capital projects such as the Atherton Hospital redevelopment, the Cairns South Health Precinct, Mental Health Service redevelopment
- continue to improve financial and operational performance.

Service performance

Cairns and Hinterland Hospital and Health Service

Service Area Objective

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

Service Area 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.

Staffing[1,2,3,4,5]

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
4,971	5,079	5,101

Notes:

1. The 2018-19 Budget reflects the forecast full-time equivalents (FTEs) as at 30 June 2019 published in the 2018-19 *Service Delivery Statement* and based on funding provided in the initial 2018-19 Service Agreement.
2. The 2018-19 Estimated Actual reflects the estimated FTEs as at 30 June 2019.
3. The 2019-20 Budget represents the forecast FTEs as at 30 June 2020, based on the initial 2019-20 Service Agreement. FTEs are likely to increase as additional funding is provided throughout the year via the in-year Service Agreement amendment process.
4. The increase in FTE between 2018-19 Budget and 2018-19 Estimated Actual relates to additional funding provided throughout the year via the in-year Service Agreement amendment process. The primary areas of service activity increase include nursing election commitments, specialist outpatients and renal services.
5. The increase between the 2018-19 Estimated Actual and 2019-20 Budget relates to additional funding provided via the 2019-20 Service Agreement. The primary areas of service activity increase include nursing election commitments, general activity growth, renal services and cardiac outreach services.

Cairns and Hinterland Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Service Standards *Effectiveness measures* Percentage of emergency department patients seen within recommended timeframes[1]			
● Category 1 (within 2 minutes)	100%	100%	100%
● Category 2 (within 10 minutes)	80%	79%	80%
● Category 3 (within 30 minutes)	75%	79%	75%
● Category 4 (within 60 minutes)	70%	80%	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[2]	>80%	76%	>80%
Percentage of elective surgery patients treated within clinically recommended times[3]			
● Category 1 (30 days)	>98%	95%	>98%
● Category 2 (90 days)	>95%	92%	>95%
● Category 3 (365 days)	>95%	96%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days[4]	<2	0.8	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit[5]	>65%	64.5%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge[6]	<12%	13.4%	<12%
Percentage of specialist outpatients waiting within clinically recommended times[7]			
● Category 1 (30 days)	83%	76%	83%
● Category 2 (90 days)	41%	44%	41%
● Category 3 (365 days)	74%	75%	74%
Percentage of specialist outpatients seen within clinically recommended times[8]			
● Category 1 (30 days)	77%	82%	77%
● Category 2 (90 days)	60%	73%	60%
● Category 3 (365 days)	83%	87%	83%
Median wait time for treatment in emergency departments (minutes)[9]	..	14	..
Median wait time for elective surgery treatment (days)[10]	..	26	..
Efficiency measure Average cost per weighted activity unit for Activity Based Funding facilities[11]	$4,683	$4,722	$4,661
Other measures Number of elective surgery patients treated within clinically recommended times[12]			
● Category 1 (30 days)	2,923	2,976	3,092
● Category 2 (90 days)	2,281	2,064	2,327

Cairns and Hinterland Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
● Category 3 (365 days)	1,922	1,992	1,960
Number of Telehealth outpatient service events[13,]	5,833	6,337	6,898
Total weighted activity units (WAUs)[14]			
● Acute Inpatient	83,261	84,915	89,594
● Outpatients	21,858	26,174	26,458
● Sub-acute	11,145	10,383	10,637
● Emergency Department	19,516	20,223	20,948
● Mental Health	9,327	7,264	7,504
● Prevention and Primary Care	3,283	3,319	3,339
Ambulatory mental health service contact duration (hours)[15]	>80,135	68,833	>72,247

Notes:

1. This is a measure of the access and timeliness of Emergency Department (ED) services. It reports the percentage of patients treated within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, EDs across the Cairns and Hinterland HHS saw over 139,000 presentations, over 6,600 (5 per cent) more than the prior period. Over this same period an additional 2,000 patients were seen and discharged or admitted within four hours compared to the prior year. The Cairns and Hinterland HHS has maintained and improved the performance against triage categories.
2. This is a measure of access and timeliness of ED services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, over 3,000 more Category 1, 2 and 3 patients were seen within the clinically recommended time compared to the same period last year.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. Elective Surgery performance has slightly under performed against the 2018-19 Targets/Estimates due to an increase in trauma presentations causing cancellations in elective surgery.
4. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. Staphylococcus aureus are bacteria commonly found on around 30 per cent of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly so when they infect the bloodstream. The data reported for this service standard are for bloodstream infections with Staphylococcus aureus (including methicillin resistant Staphylococcus aureus) and are reported as a rate of infection per 10,000 patient days. The Target/Estimate for this measure aligns with the national benchmark of 2 cases per 10,000 acute public hospital patient days.
5. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 31 March 2019. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. However, increased pressure on community and inpatient mental health services has seen increases in readmission rates and this is negatively impacting the rate of community follow up.
6. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 28 February 2019. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. Queensland's rate of readmission has remained relatively stable over the past five years, however it has not yet reached the nationally recommended target.
7. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. The figures provided include both Ready for Care and Not Ready for Care patients. Estimated Actuals for 2018-19 are as at 1 May 2019.
8. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, over 1,000 additional patients were seen within the clinically recommended time compared to the prior year. From 1 July 2018 to 30 April 2019, over 1,000 more patients received their first specialist outpatient appointment within clinically recommended time compared to the same period last year.
9. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
10. This is a measure of effectiveness that reports on the number of days within which half of all patients received elective surgery. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
11. Activity Based Funding (ABF) defines public hospital activity in terms of a single measure called a Weighted Activity Unit (WAU). A WAU provides a common unit of comparison so that all activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care and mental health). The average cost per WAU represents the average cost per unit of activity for all activity types. Cost per WAU excludes Prevention and Primary Care, Specified Grants, Clinical Education and Training, Public Private Partnerships and Pharmaceutical Benefit Scheme. The 2018-19 Target/Estimate is based on 2018-19 ABF funding

per WAU and includes the deficit position. The 2018-19 Estimated Actual is based on 1 July 2018 to 31 March 2019 ABF cost per WAU. The 2019-20 Target/Estimate is based on 2019-20 ABF funding per WAU.

12. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. 2018-19 Estimated Actuals are based on the period 1 July 2018 to 30 April 2019 and then forecast to 30 June 2019.

13. This measure tracks the growth in non-admitted patient telehealth service events. Telehealth service events enable timely access to contemporary specialist services for patients from regional, rural and remote communities, and support a reduction in waiting times and costs associated with patient travel. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 31 March 2019 and are annualised to derive an estimate for full financial year.

14. A Weighted Activity Unit (WAU) provides a common unit of comparison so that all public hospital activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care, mental health and prevention and primary care). Estimated Actuals for 2018-19 are based on 2018-19 service agreements as updated in amendment window three in April 2019 to incorporate HHSs' activity forecasts. 2019-20 Target/Estimates are based on the 2019-20 purchased activity. The 2018-19 Target/Estimate is the reported target in the 2018-19 *Service Delivery Statement* updated to the Q21 Phase of the ABF model which underpins the 2018-19 and 2019-20 service agreements. The service agreement service stream 'Total WAUs – Interventions and procedures' has been reallocated between 'Total WAUs – Acute Inpatient Care' and 'Total WAUs – Outpatient Care' based on Inpatient vs Outpatient proportions. 'Total WAUs – Prevention and Primary Care' is comprised of BreastScreen and Dental WAUs.

15. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor, weighted for locality and may be reduced from previous years due to movement in reported available clinician hours. This methodology results in a stretch performance target for many services, and it is not expected that all services will necessarily meet the target every year.

Income statement

Cairns and Hinterland Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
INCOME				
User charges and fees	1,10	909,433	950,165	981,916
Grants and other contributions	2	6,640	11,532	12,197
Interest and distributions from managed funds		37	32	42
Other revenue	3	4,810	6,690	6,200
Gains on sale/revaluation of assets		..	..	..
Total income		**920,920**	**968,419**	**1,000,355**
EXPENSES				
Employee expenses	4	99,238	107,187	108,050
Supplies and Services:				
Other supplies and services	5,11	229,616	248,366	256,139
Department of Health contract staff	6	553,328	561,756	572,762
Grants and subsidies		550	45	46
Depreciation and amortisation	7	40,833	55,383	56,643
Finance/borrowing costs		..	..	..
Other expenses	8	11,165	5,152	4,361
Losses on sale/revaluation of assets	9,12	1,990	(470)	2,354
Total expenses		**936,720**	**977,419**	**1,000,355**
OPERATING SURPLUS/(DEFICIT)		**(15,800)**	**(9,000)**	**..**

Balance sheet

Cairns and Hinterland Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CURRENT ASSETS				
Cash assets	13	(15,433)	1,215	804
Receivables		35,166	33,370	34,048
Other financial assets		..	..	..
Inventories		4,304	4,315	4,225
Other		1,638	1,406	1,439
Non-financial assets held for sale		..	..	..
Total current assets		**25,675**	**40,306**	**40,516**
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment	14	806,036	759,682	756,724
Intangibles	18	571	162	18,200
Other		..	..	..
Total non-current assets		**806,607**	**759,844**	**774,924**
TOTAL ASSETS		**832,282**	**800,150**	**815,440**
CURRENT LIABILITIES				
Payables	15	48,777	52,335	53,426
Accrued employee benefits	16	2,363	1,608	1,655
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		166	824	827
Total current liabilities		**51,306**	**54,767**	**55,908**
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		**..**	**..**	**..**
TOTAL LIABILITIES		**51,306**	**54,767**	**55,908**
NET ASSETS/(LIABILITIES)		**780,976**	**745,383**	**759,532**
EQUITY				
TOTAL EQUITY	17,19	**780,976**	**745,383**	**759,532**

Cash flow statement

Cairns and Hinterland Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
User charges and fees		906,903	947,912	978,899
Grants and other contributions		6,594	11,394	12,036
Interest and distribution from managed funds received		37	32	42
Other		20,580	22,460	21,970
Outflows:				
Employee costs		(99,192)	(107,141)	(108,003)
Supplies and services		(797,695)	(822,690)	(843,405)
Grants and subsidies		(550)	(45)	(46)
Borrowing costs		..	..	..
Other		(11,165)	(5,152)	(4,361)
Net cash provided by or used in operating activities		**25,512**	**46,770**	**57,132**
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of non-financial assets		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
Outflows:				
Payments for non-financial assets		(6,794)	(17,914)	(8,785)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by or used in investing activities		**(6,794)**	**(17,914)**	**(8,785)**
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		6,794	11,641	7,885
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		(40,833)	(55,383)	(56,643)
Net cash provided by or used in financing activities		**(34,039)**	**(43,742)**	**(48,758)**
Net increase/(decrease) in cash held		**(15,321)**	**(14,886)**	**(411)**
Cash at the beginning of financial year		**(112)**	**16,101**	**1,215**
Cash transfers from restructure		..	..	..
Cash at the end of financial year		**(15,433)**	**1,215**	**804**

Explanation of variances in the financial statements

Income statement

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

1. The increase relates to additional funding provided through amendments to the Service Agreement with the Department of Health (the department) for the delivery of increased public hospital and health services.
2. The increase relates to funding provided through amendments to the Service Agreement for Australian Government Grants in 2018-19.
3. The increase relates to recoveries for additional clinical placements throughout the year.
4. The increase relates to additional frontline staff required to service the growth in demand for healthcare services.
5. The increase reflects growth in demand for healthcare services and activity. Additional expenses include clinical supplies, pathology, drugs, operating leases and electricity.
6. The increase relates to additional frontline staff, contracted from the department, required to service the growth in demand for healthcare services.
7. The increase relates to a review of the useful lives of non-current assets and software, along with assets that were commissioned throughout the year.
8. The decrease relates to a reduction in sundry expense, in particular a change in accounting treatment of private practice disbursements.
9. The decrease is due to the reduction in the provision for doubtful debts.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

10. The increase relates to additional funding provided through the Service Agreement with the department for increased service activity, additional block funded services, enterprise bargaining and depreciation.
11. The increase reflects growth in demand for healthcare services and activity. Additional expenses include clinical supplies, pathology, drugs, operating leases and electricity.
12. The increase is due to the change in methodology applied to calculate the provision for doubtful debts.

Balance sheet

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

13. The increase relates to the improved 2018-19 financial position and the timing of payments to suppliers.
14. The decrease relates to changes in the expected commissioning dates of some capital projects and the increase in depreciation attributable to the review of the useful lives of non-current assets and software.
15. The increase is due to the timing of payments to suppliers.
16. The decrease relates to lower Full-Time Equivalents which resulted in reduced accrued employee benefits.
17. The decrease relates to changes in the expected commissioning dates of some capital projects.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

18. The increase relates to the commissioning of the Regional eHealth Support Integrated Care project.
19. The increase relates to the transfer of commissioned assets from the department.

Central Queensland Hospital and Health Service

Overview

The Central Queensland Hospital and Health Service (HHS) is an independent statutory body overseen by a local Hospital and Health Board. 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, clinical support services and older person accommodation.

The Central Queensland HHS is responsible for the direct management of more than 16 hospitals, health services and facilities including:

- Baralaba Multipurpose Health Service
- Biloela Hospital
- Blackwater Multipurpose Health Service
- Central Queensland Mental Health and Other Drug Service, including the Rockhampton Adult Acute Mental Health Inpatient Service
- Capricorn Coast Hospital and Health Service
- Emerald Hospital and Community and Primary Health Service
- Gladstone Hospital and Gladstone Community Health Services
- Mount Morgan Multipurpose Health Service
- Moura Hospital
- Rockhampton Hospital
- Rockhampton Community and Public Health Services
- Springsure Multipurpose Health Service
- Theodore Multipurpose Health Service
- Woorabinda Multipurpose Health Service

The Central Queensland HHS strategic vision is *Destination 2030: Great Care for Central Queenslanders* (Destination 2030). Our purpose is to have great people, delivering great quality care and improving health. The Destination 2030 strategy shapes the future of healthcare across the region and supports our aim for Central Queenslanders to be amongst the healthiest in the world. The strategy describes a clear vision for the next decade and beyond and sets ambitious targets and key milestones for 2020 and 2025 that will be used to measure our progress. Our vision, has five strategic priorities:

- 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 People, Great Place to Work – great staff working in great teams with a culture of supporting and investing in our people's future
- Great Learning and Research – great place to learn, research and shape the future of healthcare
- Great Partnerships – working collaboratively with our partners to deliver great care and improve the health of Central Queenslanders
- Sustainable Future – securing the future of great healthcare with efficient, effective, affordable and sustainable services.

Some of the deliverables set out in this strategy are supported by effective partnerships across health, education, research, training and the community. Central Queensland HHS aims to be a centre for learning excellence for rural medical, nursing, allied health and Indigenous health staff.

The key factors impacting the HHS include; the ability to recruit and retain appropriately skilled clinical and non-clinical staff; the distance from tertiary health services; ICT capability and infrastructure; and aging infrastructure.

The Central Queensland HHS contributes to the Government's objectives for the community: *Our Future State Advancing Queensland's Priorities* to:

- Keep Queenslanders healthy by providing services closer to home with 10,000 fewer patient journeys; 10,000 fewer lives lost to smoking related diseases and a broader strategy to address obesity, diabetes, alcohol and mental wellbeing; the best patient experience in Queensland; one of the best staff experiences in Australia; digital revolution to connect health across Central Queensland; engaging consumers in everything we do; closing the gap in Indigenous life expectancy; and creating a centre for translational research expertise
- Give all our children a great start by growing our partnerships with private hospitals, General Practitioners and specialist hospital services in Brisbane to develop an expanded range of family, women's and children's services across a broad range of services including children's cardiac, cancer and surgical services.

Service summary

The Central Queensland HHS has an operating budget of $622.8 million for 2019-20 which is an increase of $12.5 million from the published 2018-19 operating budget of $610.4 million.

Central Queensland HHS launched its long-term strategy 'Destination 2030' after extensive consultation with consumers, patients, staff, and the Central Queensland community. The documents set out the strategic intent of the health service for the next 10 plus years.

A key focus in 2019-20 will be the development of a cardiac care model to prepare for an expansion of cardiac services in Central Queensland to ensure the residents of Central Queensland have improved access to cardiac care closer to home.

Work will continue to progress the delivery of a new state of the art $42 million Emergency Department for Gladstone Hospital. This project will double the size of the existing Emergency Department to provide a significant enhancement to the hospital services provided to Gladstone and surrounding communities. The project also includes repurposing the existing Emergency Department area into a Specialist Outpatient Department and it will transform care for children with a dedicated children's Emergency Department.

Central Queensland HHS will work in partnership with Wide Bay HHS, the University of Queensland and CQUniversity Australia to enable medical students to undertake a full medical school program locally. The program will commence in 2022 with 30 Australian Government supported students per year, providing the opportunity for Central Queenslanders to study medicine closer to home in Central Queensland.

Service performance

Central Queensland Hospital and Health Service

Service Area Objective

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

Service Area 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.

Staffing[1,2,3,4,5]

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
3,052	3,072	3,167

Notes:

1. The 2018-19 Budget reflects the forecast full-time equivalents (FTEs) as at 30 June 2019, based on funding provided in the initial 2018-19 Service Agreement.
2. The 2018-19 Estimated Actual reflects the estimated FTEs as at 30 June 2019.
3. The 2019-20 Budget represents the forecast FTEs as at 30 June 2020, based on the initial 2019-20 Service Agreement. FTEs are likely to increase as additional funding is provided throughout the year via the in-year Service Agreement amendment process.
4. The increase in FTE between 2018-19 Budget and 2018-19 Estimated Actual relates to additional funding provided throughout the year via the in-year Service Agreement amendment process. The primary areas of service activity increase include maternity and obstetrics for nurses, 24-hour emergency operation at Gladstone Hospital and conversion of contract clinical staff to employees.
5. The increase between the 2018-19 Estimated Actual and 2019-20 Budget relates to additional funding provided through the Service Agreement including additional cardiac beds.

Central Queensland Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Service Standards *Effectiveness measures* Percentage of emergency department patients seen within recommended timeframes[1]			
● Category 1 (within 2 minutes)	100%	98%	100%
● Category 2 (within 10 minutes)	80%	84%	80%
● Category 3 (within 30 minutes)	75%	82%	75%
● Category 4 (within 60 minutes)	70%	89%	70%
● Category 5 (within 120 minutes)	70%	98%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department[2]	>80%	83%	>80%
Percentage of elective surgery patients treated within clinically recommended times[3]			
● Category 1 (30 days)	>98%	98%	>98%
● Category 2 (90 days)	>95%	97%	>95%
● Category 3 (365 days)	>95%	99%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days[4]	<2	0.4	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit[5]	>65%	73.6%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge[6]	<12%	6.8%	<12%
Percentage of specialist outpatients waiting within clinically recommended times[7]			
● Category 1 (30 days)	98%	96%	98%
● Category 2 (90 days)	95%	98%	95%
● Category 3 (365 days)	95%	100%	95%
Percentage of specialist outpatients seen within clinically recommended times[8]			
● Category 1 (30 days)	98%	94%	98%
● Category 2 (90 days)	95%	91%	95%
● Category 3 (365 days)	95%	97%	95%
Median wait time for treatment in emergency departments (minutes)[9]	..	10	..
Median wait time for elective surgery treatment (days)[10]	..	60	..
Efficiency measure Average cost per weighted activity unit for Activity Based Funding facilities[11]	$4,878	$4,791	$4,744

Central Queensland Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Other measures Number of elective surgery patients treated within clinically recommended times[12]			
● Category 1 (30 days)	1,811	1,877	1,876
● Category 2 (90 days)	2,015	1,977	2,037
● Category 3 (365 days)	2,118	1,852	2,160
Number of Telehealth outpatient service events[13]	10,266	13,436	14,411
Total weighted activity units (WAUs)[14]			
● Acute Inpatient	44,511	45,163	47,144
● Outpatients	12,781	12,691	14,296
● Sub-acute	6,110	5,491	5,503
● Emergency Department	15,537	15,554	15,120
● Mental Health	5,201	5,864	5,653
● Prevention and Primary Care	2,907	2,907	2,916
Ambulatory mental health service contact duration (hours)[15]	>38,352	39,471	>38,352

Notes:

1. This is a measure of the access and timeliness of Emergency Department (ED) services. It reports the percentage of patients treated within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, EDs across the Central Queensland HHS had over 106,000 presentations, over 2,000 more than the same period in the prior year.
2. This is a measure of access and timeliness of ED services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, almost 1,300 more Category 1, 2 and 3 patients were seen within clinically recommended time compared to the prior year.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, Central Queensland's public hospitals treated over 4,800 patients off the elective surgery waiting list, over 100 more than the same period the prior year. Over this same period almost 40 more patients received their care within clinically recommended time.
4. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. Staphylococcus aureus are bacteria commonly found on around 30 per cent of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly when they infect the bloodstream. The data reported for this service standard are for bloodstream infections with Staphylococcus aureus (including methicillin resistant Staphylococcus aureus) and are reported as a rate of infection per 10,000 patient days. The Target/Estimate for this measure aligns with the national benchmark of 2 cases per 10,000 acute public hospital patient days.
5. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 31 March 2019. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. However, increased pressure on community and inpatient mental health services has seen increases in readmission rates and this is negatively impacting the rate of community follow up.
6. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 28 February 2019. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission.
7. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. The figures provided include both Ready for Care and Not Ready for Care patients. Estimated Actuals for 2018-19 are as at 1 May 2019.

8. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019.

9. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.

10. This is a measure of effectiveness that reports on the number of days within which half of all patients received elective surgery. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.

11. Activity Based Funding (ABF) defines public hospital activity in terms of a single measure called a Weighted Activity Unit (WAU). A WAU provides a common unit of comparison so that all activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care and mental health). The average cost per WAU represents the average cost per unit of activity for all activity types. Cost per WAU excludes Prevention and Primary Care, Specified Grants, Clinical Education and Training, Public Private Partnerships and Pharmaceutical Benefit Scheme. The 2018-19 Target/Estimate is based on 2018-19 ABF funding per WAU. The 2018-19 Estimated Actual is based on 1 July 2018 to 31 March 2019 ABF cost per WAU. The 2019-20 Target/Estimate is based on 2019-20 ABF funding per WAU, reflecting the expected improvement in efficiency.

12. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April 2019 and then forecast to 30 June 2019.

13. This measure tracks the growth in non-admitted patient telehealth service events. Telehealth service events enable timely access to contemporary specialist services for patients from regional, rural and remote communities, and support a reduction in waiting times and costs associated with patient travel. 2018-19 Estimated Actuals are based on the period 1 July 2018 to 31 March 2019 and are annualised to derive an estimate for full financial year.

14. A Weighted Activity Unit (WAU) provides a common unit of comparison so that all public hospital activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care, mental health and prevention and primary care). Estimated Actuals for 2018-19 are based on 2018-19 service agreements as updated in amendment window three in April 2019 to incorporate HHSs' activity forecasts. 2019-20 Target/Estimates are based on the 2019-20 purchased activity. The 2018-19 Target/Estimate is the reported target in the 2018-19 Service Delivery Statement updated to the Q21 Phase of the ABF model which underpins the 2018-19 and 2019-20 service agreements. The service agreement service stream 'Total WAUs – Interventions and procedures' has been reallocated between 'Total WAUs – Acute Inpatient Care' and 'Total WAUs – Outpatient Care' based on Inpatient vs Outpatient proportions. 'Total WAUs – Prevention and Primary Care' is comprised of BreastScreen and Dental WAUs. Variation against target reflects the change in service delivery to meet community needs.

15. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor, weighted for locality and may be reduced from previous years due to movement in reported available clinician hours. This methodology results in a stretch performance target for many services, and it is not expected that all services will necessarily meet the target every year.

Income statement

Central Queensland Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
INCOME				
User charges and fees		592,131	590,935	599,305
Grants and other contributions	1	14,660	20,706	21,092
Interest and distributions from managed funds		100	87	89
Other revenue	2	3,460	2,280	2,338
Gains on sale/revaluation of assets		..	..	..
Total income		**610,351**	**614,008**	**622,824**
EXPENSES				
Employee expenses		55,745	58,048	59,498
Supplies and Services:				
Other supplies and services	3,7	198,622	190,234	175,033
Department of Health contract staff	4,8	320,457	332,217	352,892
Grants and subsidies		420	583	598
Depreciation and amortisation	5,9	33,652	26,283	27,992
Finance/borrowing costs		..	..	..
Other expenses	6	1,052	6,229	6,386
Losses on sale/revaluation of assets		403	414	425
Total expenses		**610,351**	**614,008**	**622,824**
OPERATING SURPLUS/(DEFICIT)		**..**	**..**	**..**

Balance sheet

Central Queensland Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CURRENT ASSETS				
Cash assets	10,15	14,589	15,717	13,610
Receivables	11	18,560	12,662	12,475
Other financial assets		..	..	..
Inventories		3,859	4,045	4,073
Other	12	2,235	567	621
Non-financial assets held for sale		..	..	..
Total current assets		**39,243**	**32,991**	**30,779**
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment	13,16	489,704	431,605	445,471
Intangibles		..	..	..
Other		..	..	..
Total non-current assets		**489,704**	**431,605**	**445,471**
TOTAL ASSETS		**528,947**	**464,596**	**476,250**
CURRENT LIABILITIES				
Payables	17	28,412	27,787	25,442
Accrued employee benefits		1,681	1,928	1,959
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		102	541	541
Total current liabilities		**30,195**	**30,256**	**27,942**
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		**..**	**..**	**..**
TOTAL LIABILITIES		**30,195**	**30,256**	**27,942**
NET ASSETS/(LIABILITIES)		**498,752**	**434,340**	**448,308**
EQUITY				
TOTAL EQUITY	14	**498,752**	**434,340**	**448,308**

Cash flow statement

Central Queensland Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
User charges and fees		592,463	592,385	599,641
Grants and other contributions		14,660	15,225	15,576
Interest and distribution from managed funds received		100	87	89
Other		17,420	14,909	15,283
Outflows:				
Employee costs		(55,715)	(58,018)	(59,467)
Supplies and services		(531,915)	(534,992)	(543,188)
Grants and subsidies		(420)	(583)	(598)
Borrowing costs		..	..	..
Other		(1,833)	(1,485)	(1,523)
Net cash provided by or used in operating activities		**34,760**	**27,528**	**25,813**
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of non-financial assets		73	73	72
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
Outflows:				
Payments for non-financial assets		(4,774)	(6,776)	(3,935)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by or used in investing activities		**(4,701)**	**(6,703)**	**(3,863)**
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		4,774	6,241	3,935
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		(33,652)	(26,283)	(27,992)
Net cash provided by or used in financing activities		**(28,878)**	**(20,042)**	**(24,057)**
Net increase/(decrease) in cash held		**1,181**	**783**	**(2,107)**
Cash at the beginning of financial year		**13,408**	**14,934**	**15,717**
Cash transfers from restructure		..	..	..
Cash at the end of financial year		**14,589**	**15,717**	**13,610**

Explanation of variances in the financial statements

Income statement

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

1. The increase relates to the recognition of revenue for services provided at a cost below fair value by the Department of Health (the department).
2. The decrease relates to reduced salary recoveries from WorkCover and external agencies, based on the latest budget assumption.
3. The decrease relates to a reduction in outsourced service delivery expenses through improved engagement of the vendor and the conversion of contract clinical staff to employees.
4. The increase relates to additional frontline staff contracted from the department, required to service the growth in demand for healthcare services and the conversion of contract clinical staff to employees.
5. The decrease relates to a review of the useful lives of non-current assets and changes in the expected commissioning dates of some capital projects.
6. The increase relates to the recognition of the expense for services provided at a cost below fair value by the department.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

7. The decrease is a result of permanently filling vacancies previously occupied by external contractors.
8. The increase relates to additional frontline staff contracted from the department, required to service the growth in demand for healthcare services and permanently filling vacancies previously occupied by external contractors.
9. The increase relates to a review of the useful lives of non-current assets and changes in the expected commissioning dates of capital projects being transferred from the department.

Balance sheet

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

10. The increase relates to the timing of the receipt of growth funding for the over delivery of activity from the department.
11. The decrease relates to the receipt of funding from the department relating to prior year activity.
12. The decrease relates to reduced prepaid expenses.
13. The decrease relates to a reduction in building valuations as a result of the annual asset revaluation program.
14. The decrease in total equity relates to a decrease in the asset revaluation reserve due to the annual revaluation program.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

15. The decrease relates to the timing of payments to suppliers.
16. The increase relates to commissioning of new assets and building valuations as a result of the annual asset revaluation program.
17. The decrease is due to the timing of payments to suppliers.

Central West Hospital and Health Service

Overview

The Central West Hospital and Health Service (HHS) is a resourceful and dedicated leader in quality, far-reaching healthcare, providing a high standard of accessible healthcare spanning a vast 396,650 square kilometre region equivalent to 23 percent of Queensland. Reaching from Tambo in the south-east to Boulia in the north-west, the healthcare hubs based in Longreach, Barcaldine, Blackall, and Winton serve communities as widespread as they are diverse. Drawing on the resilience and resourcefulness of experienced and committed people, Central West HHS works collaboratively to overcome distance, working with partners within and outside the healthcare system to make a difference in the lives of the people in their care. Combining knowledge and experience with an entrepreneurial spirit is a unique part of the Central West. Whether it's championing proactive health programs for communities or enhancing emergency responsiveness, Central West HHS is dedicated to delivering the best possible outcomes.

The largest centre of Longreach is the coordination point for the provision of regional services including child and maternal health, mental health and allied health. Barcaldine hosts a state of the art dental facility from which the Central West Oral Health Services are delivered. Medical officers work across 15 public facilities and 4 general practices to deliver a contemporary primary healthcare service that supports communities' healthcare needs with a focus on accessibility and continuity of care.

To deliver Central West HHS's vision to provide excellence in healthcare, the strategic priorities focus on three key areas:

- People – strengthen partnerships with staff, communities, residents, patients and consumers to improve health outcomes
- Services – deliver high quality, consumer focussed health services
- Systems – achieve long term organisational sustainability.

The strategies recognise the strength and expertise of Central West HHS's staff in remote service delivery. The staff build on their relationship with communities and other service providers. The main health challenges are increasing the social and emotional wellbeing of communities, mental illness and chronic disease. Feedback from communities has emphasised that Central West HHS's service structure and partnerships need to be responsive, adaptable, inclusive and compassionate. Incorporating this feedback is critical to the development of sustainable models of healthcare delivery that can support Aboriginal and Torres Strait Islander people and non-Indigenous Australians across their life spans in prevention, primary care, emergency and acute hospital-based services.

The strategic plan for Central West HHS aligns with the Government's objectives for the community: *Our Future State: Advancing Queensland's Priorities* to Keep Queenslanders healthy by identifying the need to work with partners to:

- embed a positive and proactive culture in partnerships
- embed the unique voice of Aboriginal and Torres Strait Islander people and communities in the design and delivery of services
- grow and strengthen the role of the Consumer Advisory Networks.

The Central West HHS recognises the role technology plays in responding to the regions changing demographic and empowers individuals to focus on prevention through improved communication and management of their own and others' health. Priorities for the HHS are reflective of the Queensland Health's *My Health, Queensland's future: Advancing health 2026* and actively work to promote integrity, safety, inclusivity, diversity and innovation.

Service summary

The Central West HHS has an operating budget of $81 million for 2019-20 which is an increase of $4.4 million from the published 2018-19 operating budget of $76.7 million.

Sustainability of Central West HHS will be the focus of work to embed value-based healthcare as detailed in the *Financial Sustainability Plan*. Key to this are strategic partnerships and alliances with communities' local government, other health services, state and federal agencies, emergency services and non-government organisations. Any ambition to achieve sustainability also requires staff who are skilled, motivated and engaged. The *2019-2021 Clinical Engagement Strategy*, *Pathways to Excellence* and the *Staff Wellbeing Plan*, have key deliverables in 2019-20 focussed on involving staff more deeply in-service planning and supporting their mental and physical health and wellbeing.

In 2019-20, Central West HHS will:

- improve access to primary care which will be built around the investment through the Integrated Care Innovation Fund in the shires of Boulia, Barcoo and Diamantina
- demonstrate an improvement in consumer reported outcomes in diabetes, cardiovascular disease mental health and respiratory disease
- deliver an alliance contract for primary care services with Central West HHS, Department of Health, Western Queensland Primary Healthcare Network and CheckUp
- maintain access to emergency care through the Primary Healthcare Centres and Emergency Departments at the levels achieved in 2018-19
- establish the Aboriginal and Torres Strait Islander Advisory Council, which will provide strategic advice to the Board to embed the unique voice of our First Peoples in the design and delivery of culturally safe and appropriate services.

The new capital infrastructure delivered in 2018-19, including the Day Surgery Unit and CT scanner at Longreach Hospital provides additional service capacity and capability that will be fully operational in 2019-20. This will ensure that the residents of Central West continue to have timely access to elective surgery and diagnostic procedures.

In the Boulia Shire, the Primary Healthcare Centre is being replaced and will be commissioned in 2019-20. This will include two self-care dialysis chairs and this model will act as a trial with the lessons to be used in other towns within the Central West.

The replacement of the existing Blackall Hospital will continue in 2019-20. A feasibility study on the reuse of the existing facility as an education and research centre for remote healthcare will be completed in partnership with the community, Blackall Tambo Regional Council, Royal Flying Doctor Service Queensland Division and Central Queensland University.

Service performance

Central West Hospital and Health Service

Service Area Objective

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

Service Area 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.

Staffing[1,2,3,4]

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
373	380	380

Notes:

1. The 2018-19 Budget reflects the forecast full-time equivalents (FTEs) as at 30 June 2019 published in the 2018-19 *Service Delivery Statement* and based on funding provided in the initial 2018-19 Service Agreement.
2. The 2018-19 Estimated Actual reflects the estimated FTEs as at 30 June 2019.
3. The 2019-20 Budget represents the forecast FTEs as at 30 June 2020, based on the initial 2019-20 Service Agreement. FTEs are likely to increase as additional funding is provided throughout the year via the in-year Service Agreement amendment process.
4. The increase in FTE between 2018-19 Budget and 2018-19 Estimated Actual relates to additional funding provided throughout the year via the in-year Service Agreement amendment process. The primary areas of service activity increase include nursing election commitments, specialist outpatients, tackling rural adversity, integrated care and medical imaging.

Central West Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Service Standards *Effectiveness measures* Percentage of emergency department patients seen within recommended timeframes[1]			
● Category 1 (within 2 minutes)	100%	100%	100%
● Category 2 (within 10 minutes)	80%	98%	80%
● Category 3 (within 30 minutes)	75%	98%	75%
● Category 4 (within 60 minutes)	70%	99%	70%
● Category 5 (within 120 minutes)	70%	100%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department[2]	>80%	97%	>80%
Percentage of elective surgery patients treated within clinically recommended times[3]			
● Category 1 (30 days)	>98%	100%	>98%
● Category 2 (90 days)	>95%	84%	>95%
● Category 3 (365 days)	>95%	96%	>95%
Median wait time for treatment in emergency departments (minutes)[4]	..	0	..
Median wait time for elective surgery treatment (days)[5]	..	124	..
Efficiency measure[6]			
Other measures Number of elective surgery patients treated within clinically recommended times[7]			
● Category 1 (30 days)	40	32	41
● Category 2 (90 days)	48	65	64
● Category 3 (365 days)	160	146	163
Number of Telehealth outpatient service events[8]	3,120	3,455	3,592
Total weighted activity units (WAUs)[9]			
● Acute Inpatient	2,153	2,036	2,036
● Outpatients	1,324	1,700	1,933
● Sub-acute	214	221	221
● Emergency Department	1,277	1,067	1,067
● Mental Health	98	91	91
● Prevention and Primary Care	144	0	0
Ambulatory mental health service contact duration (hours)[10]	>2,016	1,850	>2,016

Notes:

1. This is a measure of the access and timeliness of Emergency Department (ED) services. It reports the percentage of patients treated within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, over 50 more Category 1 and 2 patients were seen within clinically recommended time compared to the same period in the prior year.
2. This is a measure of access and timeliness of ED services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, Central West's public hospitals treated almost 200 patients off the elective surgery waiting list, around 150 more than the same period the prior year. Over this same period over 130 more patients received their care within clinically recommended time. Availability of outreach surgical workforce in rural and remote locations impact access to surgical services.
4. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. 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. This is a measure of effectiveness that reports on the number of days within which half of all patients received elective surgery. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
6. An efficiency measure is being investigated for this service area and will be included in a future Service Delivery Statement.
7. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April 2019 and then forecast to 30 June 2019.
8. This measure tracks the growth in non-admitted patient telehealth service events. Telehealth service events enable timely access to contemporary specialist services for patients from regional, rural and remote communities, and support a reduction in waiting times and costs associated with patient travel. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 31 March 2019 and are annualised to derive an estimate for full financial year.
9. A Weighted Activity Unit (WAU) provides a common unit of comparison so that all public hospital activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care, mental health and prevention and primary care). Estimated Actuals for 2018-19 are based on 2018-19 service agreements as updated in amendment window three in April 2019 to incorporate HHSs' activity forecasts. 2019-20 Target/Estimates are based on the 2019-20 purchased activity. The 2018-19 Target/Estimate is the reported target in the 2018-19 Service Delivery Statement updated to the Q21 Phase of the ABF model which underpins the 2018-19 and 2019-20 service agreements. The service agreement service stream 'Total WAUs – Interventions and procedures' has been reallocated between 'Total WAUs – Acute Inpatient Care' and 'Total WAUs – Outpatient Care' based on Inpatient vs Outpatient proportions. 'Total WAUs – Prevention and Primary Care' is comprised of BreastScreen and Dental WAUs. For the 2018-19 Estimated Actuals, the activity for Prevention and Primary Care was reported in an alternative setting. The 2019-20 funding and associated activity has also been reported in an alternative setting.
10. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor, weighted for locality and may be reduced from previous years due to movement in reported available clinician hours. This methodology results in a stretch performance target for many services, and it is not expected that all services will necessarily meet the target every year.

Income statement

Central West Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
INCOME				
User charges and fees	1,9	74,822	78,992	77,818
Grants and other contributions	2	1,498	2,480	2,544
Interest and distributions from managed funds		2	2	2
Other revenue	3	337	1,271	651
Gains on sale/revaluation of assets		5	5	5
Total income		**76,664**	**82,750**	**81,020**
EXPENSES				
Employee expenses	4,10	11,141	8,589	9,582
Supplies and Services:				
Other supplies and services	5,11	23,485	26,645	23,943
Department of Health contract staff	6	37,185	42,079	40,511
Grants and subsidies		..	..	..
Depreciation and amortisation		4,707	5,085	5,271
Finance/borrowing costs		..	..	..
Other expenses	7	70	1,506	1,667
Losses on sale/revaluation of assets		76	46	46
Total expenses		**76,664**	**83,950**	**81,020**
OPERATING SURPLUS/(DEFICIT)	**8,12**	**..**	**(1,200)**	**..**

Balance sheet

Central West Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CURRENT ASSETS				
Cash assets	13	2,604	102	83
Receivables		1,601	2,067	2,075
Other financial assets		..	..	..
Inventories		598	678	682
Other		229	204	212
Non-financial assets held for sale		..	..	..
Total current assets		**5,032**	**3,051**	**3,052**
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment	14,16	85,617	98,651	94,524
Intangibles		..	..	..
Other		..	..	..
Total non-current assets		**85,617**	**98,651**	**94,524**
TOTAL ASSETS		**90,649**	**101,702**	**97,576**
CURRENT LIABILITIES				
Payables		3,904	3,244	3,244
Accrued employee benefits		217	283	283
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		400	..	..
Total current liabilities		**4,521**	**3,527**	**3,527**
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		**..**	**..**	**..**
TOTAL LIABILITIES		**4,521**	**3,527**	**3,527**
NET ASSETS/(LIABILITIES)		**86,128**	**98,175**	**94,049**
EQUITY				
TOTAL EQUITY	15	**86,128**	**98,175**	**94,049**

Cash flow statement

Central West Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
User charges and fees		74,812	78,982	77,808
Grants and other contributions		1,476	1,574	1,615
Interest and distribution from managed funds received		2	2	2
Other		2,147	3,081	2,461
Outflows:				
Employee costs		(11,141)	(8,589)	(9,582)
Supplies and services		(62,544)	(70,568)	(66,298)
Grants and subsidies		..	..	..
Borrowing costs		..	..	..
Other		(70)	(620)	(759)
Net cash provided by or used in operating activities		**4,682**	**3,862**	**5,247**
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of non-financial assets		5	5	5
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
Outflows:				
Payments for non-financial assets		(1,089)	(1,861)	(1,092)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by or used in investing activities		**(1,084)**	**(1,856)**	**(1,087)**
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		1,089	1,292	1,092
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		(4,707)	(5,085)	(5,271)
Net cash provided by or used in financing activities		**(3,618)**	**(3,793)**	**(4,179)**
Net increase/(decrease) in cash held		**(20)**	**(1,787)**	**(19)**
Cash at the beginning of financial year		**2,624**	**1,889**	**102**
Cash transfers from restructure		..	..	..
Cash at the end of financial year		**2,604**	**102**	**83**

Explanation of variances in the financial statements

Income statement

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

1. The increase relates to additional funding provided through amendments to the Service Agreement with the Department of Health (the department). Additional funding is provided for the specialist outpatient strategy, medical imaging service expansion, sterilisation project, telehealth, enhancing surgical day care services, alliance support funding and enterprise bargaining (EB) increments.
2. The increase relates to the recognition of revenue for services provided at a cost below fair value by the department.
3. The increase relates to the reimbursement of expenses for Longreach Hospital works project from the department, along with the contribution to the Boulia wellbeing project from Boulia Shire Council and salary recoveries for Financial System Renewal project staff.
4. The decrease relates to a reduction in temporary Senior Medical Officers.
5. The increase reflects growth in demand for healthcare services and activity. Additional expenses include communication, consultancy, electricity, operating leases (Longreach Hospital works project), outsourced service delivery and inter-entity expenses for contribution to the Boulia Wellbeing Project.
6. The increase relates to additional frontline staff, contracted from the department, required to service the growth in demand for healthcare services.
7. The increase relates to the recognition of revenue for services provided at a cost below fair value by the department and legal expenses.
8. The operating deficit relates to utilisation of retained earnings for improving operational delivery on patient outcomes for non-recurrent projects, including, telehealth expansion, enhancing allied health and Longreach Hospital redevelopment project.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

9. The decrease relates to funding adjustments provided through the Service Agreement with the department. The net funding decrease is due to the cessation of non-recurrent programs for integrated care innovation fund, specialist outpatient strategy, sterilisation project, telehealth and alliance support funding.
10. The increase relates to additional frontline staff required to service the growth in demand for healthcare services, along with annual EB increments.
11. The decrease is due to the removal of non-recurrent program expenditure for integrated care innovation fund, specialist outpatient strategy, medical imaging service expansion, sterilisation project, telehealth, enhancing surgical day care services, alliance support funding and one-off type expenses including operating leases (Longreach Hospital works project) and inter-entity expenses for contribution to the Boulia wellbeing project.
12. The increase reflects the return to a balanced operating position.

Balance sheet

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

13. The decrease relates to changes in estimated timing of departmental funding payments and recoupment of invoicing.
14. The increase relates to the commissioning of non-current assets and as a result of the annual asset revaluation program.
15. The increase relates to favourable asset revaluation movements as a result of the annual asset revaluation program, along with the transfer of commissioned assets from the department.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

16. The decrease relates to changes in the expected commissioning dates of some capital projects.

Children's Health Queensland Hospital and Health Service

Overview

Children's Health Queensland Hospital and Health Services' (HHS) key priorities and objectives align with and support the directions outlined in *My health, Queensland's future: Advancing health 2026.* The *Children's Health Queensland Strategic Plan 2016-2020* details four strategic objectives: Child and Family Centred Care; Partnerships; People; and Performance, to which all organisational planning and delivery is aligned, and which will collectively enable Children's Health Queensland HHS to deliver its vision of *"leading life-changing care for children and young people – for a healthier tomorrow."*

Children's Health Queensland HHS contributes to the Government's objectives for the community *Our Future State: Advancing Queensland's Priorities* through a range of initiatives including*:*

- Keep Queenslanders healthy by building capacity in suicide prevention and early intervention for at risk children and young people, and the *Growing Good Habits* program which focuses on making positive changes to children's eating and physical activity habits today for a healthier tomorrow
- Give all our children a great start by collaborating across government agencies to support improved wellbeing prior to school, the number of babies born a healthy weight and childhood immunisation rates.

The *Children's Health and Wellbeing Services Plan 2018-2028* outlines five service directions that build on those established in the Department of Health's *A great start for our children: Statewide plan for children and young people's health services to 2026*, representing key focus areas to address the future health priorities of the children and young people of Queensland. The five service directions are:

1. Promoting wellbeing and health equity
2. Improving health service design and integration
3. Evolving service models
4. Delivering services closer to home
5. Pursuing innovation.

Children's Health Queensland HHS is developing and implementing strategies aligned to these five service directions which aim to address challenges of health inequity, burden of disease and rising demand for health services, as well as responding to opportunities in technology, innovation and research.

Service summary

Key deliverables for the HHS in 2019-20 include:

- $3 million Primary School Nurse Program investment in the health of primary school children within vulnerable communities
- $2.6 million Nurse Navigator investment in identification of complex patients, implement actions required to manage health care to ensure the most appropriate and timely care
- $1.9 million High Cost Home Support investment to assist in the treatment of specific children to assist in their discharge for home care
- $1.6 million Rare Disorders investment in the compassionate access scheme to establish a centre for clinical trials in Rare Neurodevelopment disorders
- $1.3 million Cross Age Gender Clinic investment in the safe treatment of gender diverse children and adolescents
- Progress the health outcomes of Queensland children through statewide partnering with other healthcare and social service providers.

Children's Health Queensland HHS has an operating budget of $799.8 million for 2019-20 which is an increase of $42.6 million from the published 2018-19 operating budget of $757.2 million.

The service agreement between Children's Health Queensland HHS and the Department of Health identifies the services to be provided, the funding arrangements for those services and defined performance indicators and targets to ensure outputs and outcomes are achieved.

Children's Health Queensland HHS is the only statewide HHS, which provides a unique opportunity to work with other HHSs and healthcare providers to improve the healthcare of children and young people across the State. Children's Health Queensland HHS is committed to the ongoing implementation and enhancement of key initiatives statewide including integrated care coordination, capacity building, and advocacy for children and young people.

Children's Health Queensland will continue to work collaboratively with its network of health and cross-sector partners to deliver a range of strategic initiatives across the five service directions in 2019-20 to enhance the outcomes and experience of families, as well as the value to the system.

Service performance

Children's Health Queensland Hospital and Health Service

Service Area Objective

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

Service Area Description

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

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

Staffing[1,2,3,4,5]

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
3,700	3,862	3,823

Notes:

1. The 2018-19 Budget reflects the forecast full-time equivalents (FTEs) as at 30 June 2019 published in the 2018-19 *Service Delivery Statement* and based on funding provided in the initial 2018-19 Service Agreement.
2. The 2018-19 Estimated Actual reflects the estimated FTEs as at 30 June 2019.
3. 2019-20 Budget represents the forecast FTEs as at 30 June 2020, based on the initial 2019-20 Service Agreement. FTEs are likely to increase as additional funding is provided throughout the year via the in-year Service Agreement amendment process.
4. The increase in FTE between 2018-19 Budget and 2018-19 Estimated Actual relates to additional funding provided throughout the year via the in-year Service Agreement amendment process. The primary areas of service activity increase include Paediatric Retrieval Service, Forensic and Youth Justice Council Programs, non-recurrently funded positions for information and communication technology (ICT) projects and additional FTE to support increased activity.
5. The decrease between the 2018-19 Estimated Actual and 2019-20 Budget includes the impact of the cessation of roles associated with the completion of non-recurrent service delivery program funding, such as the Assertive Mobile Youth Outreach Service, Youth Residential Rehabilitation and strategic ICT projects.

Children's Health Queensland Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Service Standards *Effectiveness measures* Percentage of emergency department patients seen within recommended timeframes[1]			
● Category 1 (within 2 minutes)	100%	100%	100%
● Category 2 (within 10 minutes)	80%	85%	80%
● Category 3 (within 30 minutes)	75%	63%	75%
● Category 4 (within 60 minutes)	70%	75%	70%
● Category 5 (within 120 minutes)	70%	95%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department[2]	>80%	77%	>80%
Percentage of elective surgery patients treated within clinically recommended times[3]			
● Category 1 (30 days)	>98%	97%	>98%
● Category 2 (90 days)	>95%	83%	>95%
● Category 3 (365 days)	>95%	94%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days[4]	<2	1.3	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit[5]	>65%	62.3%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge[6]	<12%	8.3%	<12%
Percentage of specialist outpatients waiting within clinically recommended times[7]			
● Category 1 (30 days)	98%	84%	98%
● Category 2 (90 days)	95%	68%	95%
● Category 3 (365 days)	95%	90%	95%
Percentage of specialist outpatients seen within clinically recommended times[8]			
● Category 1 (30 days)	98%	89%	98%
● Category 2 (90 days)	95%	65%	95%
● Category 3 (365 days)	95%	84%	95%
Median wait time for treatment in emergency departments (minutes)[9]	..	21	..
Median wait time for elective surgery treatment (days)[10]	..	63	..

Children's Health Queensland Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Efficiency measure Average cost per weighted activity unit for Activity Based Funding facilities[11]	$5,254	$5,905	$5,035
Other measures Number of elective surgery patients treated within clinically recommended times[12]			
● Category 1 (30 days)	1,218	1,591	1,562
● Category 2 (90 days)	3,477	3,173	3,795
● Category 3 (365 days)	2,743	2,549	2,798
Number of Telehealth outpatient service events[13]	3,709	3,201	3,462
Total weighted activity units (WAUs)[14]			
● Acute Inpatient	63,430	59,371	56,047
● Outpatients	11,185	15,393	20,986
● Sub-acute	1,557	1,683	2,182
● Emergency Department	8,901	8,926	8,883
● Mental Health	3,657	3,553	4,220
Ambulatory mental health service contact duration (hours)[15]	>65,767	58,376	>65,767

Notes:

1. This is a measure of the access and timeliness of Emergency Department (ED) services. It reports the percentage of patients treated within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, the Children's Health Queensland HHS publicly funded ED saw more than 59,000 presentations, around 1,000 fewer than the prior year. Over 4,700 more patients were seen in time than for the same period the prior year.
2. This is a measure of access and timeliness of ED services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, the Children's Health Queensland HHS public hospital treated over 6,800 patients off the elective surgery waiting list, around 600 more than the same period the prior year. Over this same period 40 more patients received their care within clinically recommended time.
4. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. Staphylococcus aureus are bacteria commonly found on around 30 per cent of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly so when they infect the bloodstream. The data reported for this service standard are for bloodstream infections with Staphylococcus aureus (including methicillin resistant Staphylococcus aureus) and are reported as a rate of infection per 10,000 patient days. The Target/Estimate for this measure aligns with the national benchmark of 2 cases per 10,000 acute public hospital patient days.
5. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 31 March 2019. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. However, increased pressure on community and inpatient mental health services has seen increases in readmission rates and this is negatively impacting the rate of community follow up.
6. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 28 February 2019. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission.

7. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. The figures provided include both Ready for Care and Not Ready for Care patients. Estimated Actuals for 2018-19 are as at 1 May 2019.

8. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, over 900 more patients received their first specialist outpatient appointment compared to the same period in the prior year.

9. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.

10. This is a measure of effectiveness that reports on the number of days within which half of all patients received elective surgery. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.

11. Activity Based Funding (ABF) defines public hospital activity in terms of a single measure called a Weighted Activity Unit (WAU). A WAU provides a common unit of comparison so that all activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care and mental health). The average cost per WAU represents the average cost per unit of activity for all activity types. Cost per WAU excludes Prevention and Primary Care, Specified Grants, Clinical Education and Training, Public Private Partnerships and Pharmaceutical Benefit Scheme. The 2018-19 Target/Estimate is based on 2018-19 ABF funding per WAU. The 2018-19 Estimated Actual is based on 1 July 2018 to 31 March 2019 ABF cost per WAU. The variance to the 2018-19 Target/Estimate is due to the delayed discharging of significantly complex long stay patients in the first 9 months of the year, thereby increasing the cost per WAU. Children's Health Queensland HHS anticipates delivering the shortfall in the final quarter as the complex long stay patients are scheduled to be discharged. The 2019-20 Target/Estimate is based on 2019-20 ABF funding per WAU.

12. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. 2018-19 Estimated Actuals are based on the period 1 July 2018 to 30 April 2019 and then forecast to 30 June 2019.

13. This measure tracks the growth in non-admitted patient telehealth service events. Telehealth service events enable timely access to contemporary specialist services for patients from regional, rural and remote communities, and support a reduction in waiting times and costs associated with patient travel. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 31 March 2019 and are annualised to derive an estimate for full financial year.

14. A Weighted Activity Unit (WAU) provides a common unit of comparison so that all public hospital activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care, mental health and prevention and primary care). Estimated Actuals for 2018-19 are based on 2018-19 service agreements as updated in amendment window three in April 2019 to incorporate HHSs' activity forecasts. 2019-20 Target/Estimates are based on the 2019-20 purchased activity. The 2018-19 Target/Estimate is the reported target in the 2018-19 Service Delivery Statement updated to the Q21 Phase of the ABF model which underpins the 2018-19 and 2019-20 service agreements. The service agreement service stream 'Total WAUs – Interventions and procedures' has been reallocated between 'Total WAUs – Acute Inpatient Care' and 'Total WAUs – Outpatient Care' based on Inpatient vs Outpatient proportions. Variation against the 2018-19 Target/Estimate reflects the change in service delivery to meet community needs.

15. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor, weighted for locality and may be reduced from previous years due to movement in reported available clinician hours. This methodology results in a stretch performance target for many services, and it is not expected that all services will necessarily meet the target every year.

Income statement

Children's Health Queensland Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
INCOME				
Taxes		..	..	..
User charges and fees	1,8	754,775	802,772	797,342
Grants and other contributions		896	826	847
Interest and distributions from managed funds		162	181	186
Other revenue	2,9	1,360	8,433	1,395
Gains on sale/revaluation of assets	3,10	..	473	..
Total income		**757,193**	**812,685**	**799,770**
EXPENSES				
Employee expenses	4,11	503,263	525,675	522,241
Supplies and services	5,12	202,420	215,357	206,339
Grants and subsidies		1,000	1,838	1,704
Depreciation and amortisation	6	47,133	65,592	65,602
Finance/borrowing costs		..	..	..
Other expenses		3,151	3,400	3,484
Losses on sale/revaluation of assets		226	350	400
Total expenses		**757,193**	**812,212**	**799,770**
OPERATING SURPLUS/(DEFICIT)	**7,13**	**..**	**473**	**..**

Balance sheet

Children's Health Queensland Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CURRENT ASSETS				
Cash assets	14,21	30,534	39,076	37,681
Receivables	15	28,177	21,993	22,617
Other financial assets		..	..	..
Inventories	16	5,121	6,170	6,176
Other		1,719	1,655	1,696
Non-financial assets held for sale		..	..	..
Total current assets		**65,551**	**68,894**	**68,170**
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment	17,22	1,160,630	1,141,403	1,105,456
Intangibles	18,23	2,731	1,708	1,294
Other		..	..	..
Total non-current assets		**1,163,361**	**1,143,111**	**1,106,750**
TOTAL ASSETS		**1,228,912**	**1,212,005**	**1,174,920**
CURRENT LIABILITIES				
Payables	19,24	32,541	34,988	32,161
Accrued employee benefits	25	21,594	21,627	23,587
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		5,362	5,720	5,863
Total current liabilities		**59,497**	**62,335**	**61,611**
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		**..**	**..**	**..**
TOTAL LIABILITIES		**59,497**	**62,335**	**61,611**
NET ASSETS/(LIABILITIES)		**1,169,415**	**1,149,670**	**1,113,309**
EQUITY				
TOTAL EQUITY	20,26	**1,169,415**	**1,149,670**	**1,113,309**

Cash flow statement

Children's Health Queensland Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
User charges and fees		753,026	800,448	796,639
Grants and other contributions		896	826	847
Interest and distribution from managed funds received		162	181	186
Taxes		..	..	..
Other		6,235	13,308	6,270
Outflows:				
Employee costs		(501,721)	(524,623)	(520,281)
Supplies and services		(204,945)	(230,638)	(214,266)
Grants and subsidies		(1,000)	(1,838)	(1,704)
Borrowing costs		..	..	..
Other		(3,151)	(3,400)	(3,484)
Net cash provided by or used in operating activities		**49,502**	**54,264**	**64,207**
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of non-financial assets		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
Outflows:				
Payments for non-financial assets		(3,866)	(5,718)	(3,432)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by or used in investing activities		**(3,866)**	**(5,718)**	**(3,432)**
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		3,866	5,295	3,432
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		(47,133)	(65,592)	(65,602)
Net cash provided by or used in financing activities		**(43,267)**	**(60,297)**	**(62,170)**
Net increase/(decrease) in cash held		**2,369**	**(11,751)**	**(1,395)**
Cash at the beginning of financial year		**28,165**	**50,827**	**39,076**
Cash transfers from restructure		..	..	..
Cash at the end of financial year		**30,534**	**39,076**	**37,681**

Explanation of variances in the financial statements

Income statement

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

1. The increase relates to additional funding provided through amendments to the Service Agreement with the Department of Health (the department). This includes funding increases for the forecast delivery of higher than purchased patient activity, increases to Pharmaceutical Benefits Scheme (PBS) reimbursed revenue due to higher pharmaceutical costs, new specific block funded initiatives and information and communications technology (ICT) and other strategic projects.
2. The increase mainly relates to non-recurrent ICT statewide paediatric projects funded by other Hospital and Health Service (HHS) providers and other government organisations.
3. The increase relates to the estimated revaluation of land and buildings.
4. The increase is primarily due to additional frontline staff to meet the over-delivery of purchased patient activity new specific block funded initiatives and to support ICT and other strategic projects. The higher staffing levels have also led to further enterprise bargaining (EB) agreement increments.
5. The increase relates to the greater use of clinical supplies to deliver higher than initially purchased activity and increases in repairs and maintenance costs.
6. The increase reflects the outcome of an annual review of the useful lives of building assets, consistent with asset accounting policies, along with the depreciation of assets that were commissioned throughout the year.
7. The operating surplus relates to the revaluation increment in relation to buildings.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

8. The decrease relates to funding adjustments provided through the Service Agreement with the department. This net funding decrease is mainly due to cessation of non-recurrent programs and a reduction to patient related revenue sources, including PBS revenue. This is offset by fully funded activity growth, increases to the home ventilation program and EB increments.
9. The decrease mainly relates to non-recurrent ICT statewide paediatric projects funded by other HHS providers and other government organisations.
10. The decrease relates to the estimated 2018-19 revaluation of land and buildings.
11. The decrease includes the impact of the cessation of roles associated with the completion of non-recurrent service delivery program funding, such as the Assertive Mobile Youth Outreach Service, Youth Residential Rehabilitation and strategic ICT projects.
12. The decrease is primarily due to the removal of non-recurrent program expenditure, specifically for the Youth Residential Rehabilitation program and ICT projects supplies and services. It also includes the identification of potential efficiencies in relation to electricity and other supplies and services.
13. The decrease reflects the 2018-19 revaluation increment in relation to buildings.

Balance sheet

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

14. The increase relates to improved management of outstanding accounts receivable.
15. The decrease reflects improved debt management practices and lower expected income accruals for the estimated end of year position.
16. The increase relates to increased pharmacy stock associated with new high cost drugs.
17. The decrease relates to increased depreciation following a review of the useful lives of equipment and buildings.
18. The decrease relates to amortisation of intangible assets.
19. The increase mainly relates to a higher estimated end of year position.
20. The decrease predominantly reflects the impact of depreciation for the period on existing asset values.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

21. The decrease is mainly due to a reduced end of year estimate for accounts payable, along with an increased end of year estimate for receivables.
22. The decrease relates to the depreciation of equipment and buildings.
23. The decrease relates to amortisation of intangible assets.
24. The decrease mainly relates to a reduced end of year estimated position for 2019-20.
25. The increase is due to additional end of year accrual days for salaries and wages.
26. The decrease predominantly reflects the impact of depreciation for the period on the existing asset values.

Darling Downs Hospital and Health Service

Overview

The Darling Downs Hospital and Health Service (HHS) is an independent statutory body overseen by a local Hospital and Health Board, which provides a comprehensive range of public hospital and healthcare services to nearly 300,000 people across a large and diverse geographic area of approximately 90,000 square kilometres. This service-delivery area includes the local government areas of Toowoomba Regional Council, Western Downs Regional Council, Southern Downs Regional Council, South Burnett Regional Council, Goondiwindi Regional Council, Cherbourg Aboriginal Shire Council and part of the Banana Shire Council (community of Taroom).

The Darling Downs HHS delivers these services from 28 facilities, which include one large regional referral hospital, three medium sized regional hub hospitals, twelve rural hospitals, three multipurpose health services, one community outpatient clinic, six residential aged care facilities, one community care unit and an extended inpatient mental health service.

A focus on the health and wellbeing of our community is demonstrated through our vision 'Caring for our Communities – Healthier Together'. The Darling Downs HHS Strategic Plan demonstrates our commitment to our vision and to the ongoing health of our communities, with a focus on patient-centred care and embedding partnerships that enable the best care for the people of the Darling Downs. The following six strategic objectives establish the framework for the Darling Downs HHS to deliver our vision of a healthier community:

- deliver quality evidence-based healthcare for our patients and clients
- engage, communicate and collaborate with our partners and communities to ensure we provide integrated, patient-centred care
- demonstrate a commitment to learning, research, innovation and education in rural and regional healthcare
- ensure sustainable resources through attentive financial and asset administration
- plan and maintain clear and focused processes to facilitate effective corporate and clinical governance
- value, develop and engage our workforce to promote professional and personal wellbeing and to ensure dedicated delivery of services.

The Darling Downs HHS contributes to the Government's objectives for the community *Our Future State: Advancing Queensland's Priorities*:

- Keep Queenslanders healthy by providing quality, evidence-based healthcare for our consumers, focusing on patient-centred care and collaborating with our partners to ensure we provide integrated care to the people of the Darling Downs region, while also investing in wellbeing initiatives to improve the health and wellness of our communities
- Give all our children a great start by providing excellent care, commencing in the ante-natal period, including specified Aboriginal and Torres Strait Islander ante-natal services and continuing with a range of child health services across the Darling Downs. A focus on improving health literacy in our region for all people also contributes to giving the children of the Darling Downs a great start.

The key pressures impacting on the ability of the Darling Downs HHS to provide high quality services continue to largely relate to increasing service demand, including challenges created by increasing rates of chronic disease, an ageing community and shifts in public and private health market shares. Aged infrastructure, recruitment in rural communities and maintaining a sound fiscal position provide additional challenges to meeting the increased demand for service.

Service summary

The Darling Downs HHS has an operating budget of $847.3 million for 2019-20 which is an increase of $46.2 million from the published 2018-19 operating budget of $801.1 million.

The health and wellness of our community is a key priority for Darling Downs HHS, with the implementation of student resourced clinics, in conjunction with Southern Queensland Rural Health. This initiative is focused on prevention, early intervention, hospital avoidance and community wellness, with a view to decreasing the demand on acute services for chronic disease. This collaboration also aims to increase future allied health and nursing employment in the Darling Downs region.

Safety continues to be a key focus for the Darling Downs HHS leading into 2019-20, with the opportunity to transform to a safety culture utilising our partnership with the Cognitive Institute and our *Safer Together* program to embed a safety culture throughout the organisation.

Other key priorities for the 2019-20 year include:

- the continued redevelopment of the Kingaroy Hospital, providing greater capacity for a range of services to ensure the community in the South Burnett region can access better healthcare facilities, closer to home
- Master planning for a new Toowoomba Hospital to meet continued increase in population growth and healthcare demand
- continuation of the HealthPathways project in conjunction with the Darling Downs and West Moreton Primary Health Network, improving coordination of care for consumers throughout the Darling Downs region
- creation of a digital strategy to assist with future transformation to digital hospitals to streamline service delivery and enhance patient care and outcomes
- the establishment of a clinical decision unit and a coordination hub at Toowoomba Hospital to streamline patient flow management and assist with managing the increasing demand for service.

Service performance

Darling Downs Hospital and Health Service

Service Area Objective

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

Service Area 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.

Staffing[1,2,3,4,5]

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
4,549	4,636	4,713

Notes:

1. The 2018-19 Budget reflects the forecast full-time equivalents (FTEs) as at 30 June 2019 published in the 2018-19 *Service Delivery Statement* and based on funding provided in the initial 2018-19 Service Agreement.
2. The 2018-19 Estimated Actual reflects the estimated FTEs as at 30 June 2019.
3. The 2019-20 Budget represents the forecast FTEs as at 30 June 2020, based on the initial 2019-20 Service Agreement. FTEs are likely to increase as additional funding is provided throughout the year via the in-year Service Agreement amendment process.
4. The increase in FTE between 2018-19 Budget and 2018-19 Estimated Actual relates to additional funding provided throughout the year via the in-year Service Agreement amendment process. The primary areas of service activity increase include delivery of additional patient activity and preparation for the implementation of integrated electronic Medical Record.
5. The increase between the 2018-19 Estimated Actual and 2019-20 Budget relates to additional funding provided through the Service Agreement. The primary area of service activity increase is the purchasing of additional patient activity.

Darling Downs Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Service Standards *Effectiveness measures* Percentage of emergency department patients seen within recommended timeframes[1]			
● Category 1 (within 2 minutes)	100%	96%	100%
● Category 2 (within 10 minutes)	80%	85%	80%

Darling Downs Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
● Category 3 (within 30 minutes)	75%	73%	75%
● Category 4 (within 60 minutes)	70%	87%	70%
● Category 5 (within 120 minutes)	70%	98%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department[2]	>80%	84%	>80%
Percentage of elective surgery patients treated within clinically recommended times[3]			
● Category 1 (30 days)	>98%	98%	>98%
● Category 2 (90 days)	>95%	94%	>95%
● Category 3 (365 days)	>95%	98%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days[4]	<2	0.5	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit[5]	>65%	68.8%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge[6]	<12%	10.4%	<12%
Percentage of specialist outpatients waiting within clinically recommended times[7]			
● Category 1 (30 days)	98%	96%	98%
● Category 2 (90 days)	95%	97%	95%
● Category 3 (365 days)	95%	99%	95%
Percentage of specialist outpatients seen within clinically recommended times[8]			
● Category 1 (30 days)	98%	99%	98%
● Category 2 (90 days)	95%	96%	95%
● Category 3 (365 days)	95%	99%	95%
Median wait time for treatment in emergency departments (minutes)[9]	..	10	..
Median wait time for elective surgery treatment (days)[10]	..	45	..
Efficiency measure Average cost per weighted activity unit for Activity Based Funding facilities[11]	$4,423	$4,603	$4,283
Other measures Number of elective surgery patients treated within clinically recommended times[12]			
● Category 1 (30 days)	1,687	2,290	2,168
● Category 2 (90 days)	2,845	2,550	2,651
● Category 3 (365 days)	2,094	1,898	1,924

Darling Downs Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Number of Telehealth outpatient service events[13]	9,728	10,515	11,593
Total weighted activity units (WAUs)[14]			
● Acute Inpatient	59,478	61,501	64,500
● Outpatients	14,458	13,337	14,231
● Sub-acute	5,473	6,631	6,968
● Emergency Department	18,741	18,697	18,858
● Mental Health	9,739	9,949	10,220
● Prevention and Primary Care	3,269	3,899	2,999
Ambulatory mental health service contact duration (hours)[15]	>72,612	77,168	>72,612

Notes:

1. This is a measure of the access and timeliness of Emergency Department (ED) services. It reports the percentage of patients treated within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, the Darling Downs HHS publicly funded EDs saw more than 132,000 presentations, around 1,000 fewer than the prior year. Over 1,000 more patients were seen in time than for the same period the prior year.
2. This is a measure of access and timeliness of ED services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, the Darling Downs HHS public hospitals treated over 5,700 patients off the elective surgery waiting list, over 300 more than the same period the prior year. Over this same period over 150 more patients received their care within clinically recommended time.
4. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. Staphylococcus aureus are bacteria commonly found on around 30 per cent of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly so when they infect the bloodstream. The data reported for this service standard are for bloodstream infections with Staphylococcus aureus (including methicillin resistant Staphylococcus aureus) and are reported as a rate of infection per 10,000 patient days. The Target/Estimate for this measure aligns with the national benchmark of 2 cases per 10,000 acute public hospital patient days.
5. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 31 March 2019. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. However, increased pressure on community and inpatient mental health services has seen increases in readmission rates and this is negatively impacting the rate of community follow up.
6. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 28 February 2019. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. Queensland's rate of readmission has remained relatively stable over the past five years, however it has not yet reached the nationally recommended target.
7. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. The figures provided include both Ready for Care and Not Ready for Care patients. Estimated Actuals for 2018-19 are as at 1 May 2019.
8. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, almost 1,000 additional initial specialist outpatient appointments were delivered and over 650 additional first appointments were provided within clinically recommended time compared to the same period in the prior year.
9. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
10. This is a measure of effectiveness that reports on the number of days within which half of all patients received elective surgery. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed

commencing from 2018-19. There is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.

11. Activity Based Funding (ABF) defines public hospital activity in terms of a single measure called a Weighted Activity Unit (WAU). A WAU provides a common unit of comparison so that all activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care and mental health). The average cost per WAU represents the average cost per unit of activity for all activity types. Cost per WAU excludes Prevention and Primary Care, Specified Grants, Clinical Education and Training, Public Private Partnerships and Pharmaceutical Benefit Scheme. The 2018-19 Target/Estimate is based on 2018-19 ABF funding per WAU. The 2018-19 Estimated Actual is based on 1 July 2018 to 31 March 2019 ABF cost per WAU. The 2019-20 Target/Estimate is based on 2019-20 ABF funding per WAU. The variance in the 2018-19 Estimated Actual cost per WAU and the 2018-19 Target/Estimate is largely due to the consistent capacity issues in addition to costs associated with the running of weekend theatres and clinics. The 2019-20 Target/Estimate is based on 2019-20 ABF funding per WAU, and reflects the anticipated decrease in Own Source Revenue by the HHS for 2019-20.

12. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April 2019 and then forecast to 30 June 2019. Although the targets for Category 2 and 3 patients were not met, the combined number of patients seen across all categories is higher than target. Patients are treated by highest clinical need first, hence the target being exceeded for Category 1 patients.

13. This measure tracks the growth in non-admitted patient telehealth service events. Telehealth service events enable timely access to contemporary specialist services for patients from regional, rural and remote communities, and support a reduction in waiting times and costs associated with patient travel. 2018-19 Estimated Actuals are based on the period 1 July 2018 to 31 March 2019 and are annualised to derive an estimate for full financial year.

14. A Weighted Activity Unit (WAU) provides a common unit of comparison so that all public hospital activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care, mental health and prevention and primary care). Estimated Actuals for 2018-19 are based on 2018-19 service agreements as updated in amendment window three in April 2019 to incorporate HHSs' activity forecasts. 2019-20 Target/Estimates are based on the 2019-20 purchased activity. The 2018-19 Target/Estimate is the reported target in the 2018-19 Service Delivery Statement updated to the Q21 Phase of the ABF model which underpins the 2018-19 and 2019-20 service agreements. The service agreement service stream 'Total WAUs – Interventions and procedures' has been reallocated between 'Total WAUs – Acute Inpatient Care' and 'Total WAUs – Outpatient Care' based on Inpatient vs Outpatient proportions. 'Total WAUs – Prevention and Primary Care' is comprised of BreastScreen and Dental WAUs.

15. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor, weighted for locality and may be reduced from previous years due to movement in reported available clinician hours. This methodology results in a stretch performance target for many services, and it is not expected that all services will necessarily meet the target every year.

Income statement

Darling Downs Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
INCOME				
User charges and fees	1,8	759,183	772,654	800,620
Grants and other contributions	2	32,298	45,790	44,105
Interest and distributions from managed funds		369	440	444
Other revenue		1,527	2,146	2,124
Gains on sale/revaluation of assets		..	..	..
Total income		**793,377**	**821,030**	**847,293**
EXPENSES				
Employee expenses	3	75,141	81,913	83,933
Supplies and Services:				
Other supplies and services		196,570	202,876	199,839
Department of Health contract staff	4,9	491,155	485,273	515,841
Grants and subsidies	5,10	2,304	4,145	1,270
Depreciation and amortisation		31,659	32,353	32,372
Finance/borrowing costs		..	..	..
Other expenses	6	2,975	12,155	12,444
Losses on sale/revaluation of assets		1,253	1,594	1,594
Total expenses		**801,057**	**820,309**	**847,293**
OPERATING SURPLUS/(DEFICIT)	7	**(7,680)**	**721**	**..**

Balance sheet

Darling Downs Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CURRENT ASSETS				
Cash assets	11,16	51,233	56,557	50,564
Receivables	12	11,755	8,755	8,919
Other financial assets		..	..	..
Inventories		6,141	6,615	6,769
Other		1,881	1,020	1,033
Non-financial assets held for sale		..	..	..
Total current assets		**71,010**	**72,947**	**67,285**
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment	13	410,066	403,618	404,620
Intangibles		76	318	207
Other		14	..	..
Total non-current assets		**410,156**	**403,936**	**404,827**
TOTAL ASSETS		**481,166**	**476,883**	**472,112**
CURRENT LIABILITIES				
Payables	14	32,488	39,040	42,563
Accrued employee benefits		3,112	2,917	2,919
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		287	377	377
Total current liabilities		**35,887**	**42,334**	**45,859**
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		**..**	**..**	**..**
TOTAL LIABILITIES		**35,887**	**42,334**	**45,859**
NET ASSETS/(LIABILITIES)		**445,279**	**434,549**	**426,253**
EQUITY				
TOTAL EQUITY	15	**445,279**	**434,549**	**426,253**

Cash flow statement

Darling Downs Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
User charges and fees		757,895	774,500	798,991
Grants and other contributions		32,298	37,724	35,837
Interest and distribution from managed funds received		369	440	444
Other		14,310	15,632	14,157
Outflows:				
Employee costs		(74,848)	(81,700)	(83,931)
Supplies and services		(698,738)	(699,196)	(724,357)
Grants and subsidies		(2,304)	(4,145)	(1,270)
Borrowing costs		..	..	..
Other		(2,975)	(4,089)	(4,176)
Net cash provided by or used in operating activities		**26,007**	**39,166**	**35,695**
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of non-financial assets		(187)	(129)	(129)
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
Outflows:				
Payments for non-financial assets		(8,432)	(19,594)	(15,630)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by or used in investing activities		**(8,619)**	**(19,723)**	**(15,759)**
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		6,728	8,869	6,443
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		(31,659)	(32,353)	(32,372)
Net cash provided by or used in financing activities		**(24,931)**	**(23,484)**	**(25,929)**
Net increase/(decrease) in cash held		**(7,543)**	**(4,041)**	**(5,993)**
Cash at the beginning of financial year		**58,776**	**60,598**	**56,557**
Cash transfers from restructure		..	..	..
Cash at the end of financial year		**51,233**	**56,557**	**50,564**

Explanation of variances in the financial statements

Income statement

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

1. The increase relates to additional funding provided through amendments to the Service Agreement with the Department of Health (the department) for the delivery of increased public hospital and health services. This has been offset by a reduction in Own Source Revenue estimates associated with the Pharmaceutical Benefit Scheme Reimbursement.
2. The increase relates to the recognition of revenue for services provided at a cost below fair value by the department and new grant revenue for rural junior doctor training.
3. The increase relates to the realignment of expenses from department contract staff.
4. The decrease relates to the realignment of expenses to employee expenses.
5. The increase relates to new grants for rural junior doctor training.
6. The increase relates to the recognition of expenditure for services provided at a cost below fair value by the department.
7. The increase relates to a change in dates for the integrated electronic Medical Record (ieMR) project and additional funding provided through amendments to the Service Agreement with the department.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

8. The increase relates to additional funding provided through the Service Agreement with the department for increased service activity, additional block funded services, enterprise bargaining (EB) and depreciation.
9. The increase relates to additional frontline staff, contracted from the department, required to service the growth in demand for healthcare services, along with annual EB increments.
10. The decrease relates to finalisation of funding for rural junior doctor training.

Balance sheet

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

11. The increase is due to the timing of receipts from customers and payments to suppliers.
12. The decrease is due to the timing of receipts from customers.
13. The decrease relates to changes in the expected commissioning dates of some capital projects.
14. The increase is due to the timing of payments to suppliers.
15. The decrease relates to changes in the commissioning dates of some capital projects and their transfer from the department.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

16. The decrease relates to the investment of retained cash into capital projects including ieMR.

Gold Coast Hospital and Health Service

Overview

Gold Coast Hospital and Health Service (HHS) is an independent statutory body overseen by a local Hospital and Health Board. Gold Coast HHS delivers a broad range of secondary and tertiary health services through Gold Coast University Hospital, Robina Hospital and Varsity Lakes Day Hospital, as well as, a number of community settings throughout the region. Key primary health services are also offered such as community child health clinics and oral health services for adults and children.

The Gold Coast HHS's vision is to be recognised for the provision of world class, sustainable, evidence-based healthcare that meets the needs of the Gold Coast community. Gold Coast HHS contributes to the Government's objectives for the community *Our Future State: Advancing Queensland's Priorities* to Keep Queenslanders healthy by promoting wellbeing, delivering responsive interconnected healthcare and at the same time providing a supportive environment for continuous innovation.

Our key objectives are to:

- ensure patients have timely and equal access to health services
- deliver safe, effective and efficient services in a sustainable manner
- support a healthy Gold Coast community.

Key strategic enablers for achieving the vision include fostering a positive work environment; developing innovation, research capacity, capability and translation; maximising the use of our facilities and partnerships; and the effective management and utilisation of data.

Gold Coast HHS continues to experience an increasing population and demand for public health services on the Gold Coast, including market shifts between the private and public sector and growing expectations of Gold Coast HHS as a tertiary health service provider. This requires ongoing performance monitoring against key indicators and continuous improvements to service delivery.

Over the coming year, key priorities for Gold Coast HHS include maximising capital efficiency and effectiveness, supporting new models of care for areas of frailty and the emergency department, planning for secure mental health services and addressing waitlist demand with the continued expansion of services at Varsity Lakes Day Hospital. Planning will progress for future health care services for the rapidly growing northern Gold Coast population.

Service summary

Gold Coast HHS has an operating budget of $1.575 billion for 2019-20 which is an increase of $81 million from the published 2018-19 operating budget of $1.494 billion.

During 2018-19, Gold Coast HHS has continued to develop and implement services to meet demand, reflecting its higher acuity and clinical service capability. These services include the addition of multidisciplinary complex care teams to assist complex patients towards discharge; partnering with Queensland Police Service (QPS) under a co-responder mental health model and introducing an in-reach rehabilitation service for the acute ward setting.

Gold Coast HHS also implemented a range of strategies to strive to meet emergency demand, introducing a state-of-the-art coordination hub to manage and coordinate flow of patients through Gold Coast HHS as well as a 24-hour children's emergency service.

In addition, Gold Coast HHS transitioned to the integrated electronic Medical Record (ieMR) platform enabling patient information to be accessed by authorised clinicians across the HHS.

During 2019-20, Gold Coast HHS will continue to improve emergency patient flow with innovative models of care and focus efforts on maximising capital utilisation in the most efficient and effective way possible. Gold Coast HHS will also work to address growing elective surgery waitlist demand within funding allocations, further develop the Queensland Pelvic Mesh Service and consider the future needs of its population by progressing planning for a secure mental health service. Gold Coast HHS is also connecting with other agencies including Queensland Police Service, Department of Communities, Disability Services and Seniors and Department of Education in considering integrated management of complex family needs.

Service performance

Gold Coast Hospital and Health Service

Service Area Objective

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

Service Area 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.

Staffing[1,2,3,4,5]

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
8,063	8,323	8,385

Notes:

1. The 2018-19 Budget reflects the forecast full-time equivalents (FTEs) as at 30 June 2019 published in the 2018-19 *Service Delivery Statement* and based on funding provided in the initial 2018-19 Service Agreement.
2. The 2018-19 Estimated Actual reflects the estimated FTEs as at 30 June 2019.
3. The 2019-20 Budget represents the forecast FTEs as at 30 June 2020, based on the initial 2019-20 Service Agreement. FTEs are likely to increase as additional funding is provided throughout the year via the in-year Service Agreement amendment process.
4. The increase in FTE between 2018-19 Budget and 2018-19 Estimated Actual relates to additional funding provided throughout the year via the in-year Service Agreement amendment process. The primary areas of service activity increase include additional activity funding, Pelvic Mesh Service, Mental Health Services Community Based Funding, Evolve-MHS Therapeutic Service and Specialist Outpatients.
5. The increase between the 2018-19 Estimated Actual and 2019-20 Budget relates to additional funding provided through the Service Agreement. The primary areas of service activity increase include growth in health care demand and additional nursing pool to reduce reliance on agency nurses.

Gold Coast Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Service Standards *Effectiveness measures* Percentage of emergency department patients seen within recommended timeframes[1]			
● Category 1 (within 2 minutes)	100%	100%	100%
● Category 2 (within 10 minutes)	80%	57%	80%
● Category 3 (within 30 minutes)	75%	47%	75%
● Category 4 (within 60 minutes)	70%	68%	70%
● Category 5 (within 120 minutes)	70%	90%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department[2]	>80%	70%	>80%
Percentage of elective surgery patients treated within clinically recommended times[3]			
● Category 1 (30 days)	>98%	100%	>98%
● Category 2 (90 days)	>95%	99%	>95%
● Category 3 (365 days)	>95%	98%	>95%

Gold Coast Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days[4]	<2	0.9	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit[5]	>65%	62.6%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge[6]	<12%	11.8%	<12%
Percentage of specialist outpatients waiting within clinically recommended times[7]			
● Category 1 (30 days)	66%	47%	66%
● Category 2 (90 days)	56%	48%	56%
● Category 3 (365 days)	94%	76%	94%
Percentage of specialist outpatients seen within clinically recommended times[8]			
● Category 1 (30 days)	84%	76%	84%
● Category 2 (90 days)	62%	51%	62%
● Category 3 (365 days)	67%	65%	67%
Median wait time for treatment in emergency departments (minutes)[9]	..	27	..
Median wait time for elective surgery treatment (days)[10]	..	47	..
Efficiency measure Average cost per weighted activity unit for Activity Based Funding facilities[11]	$4,893	$4,961	$4,931
Other measures Number of elective surgery patients treated within clinically recommended times[12]			
● Category 1 (30 days)	6,672	6,551	6,805
● Category 2 (90 days)	6,825	7,677	7,278
● Category 3 (365 days)	3,781	4,378	3,966
Number of Telehealth outpatient service events[13]	1,156	1,991	2,176
Total weighted activity units (WAUs)[14]			
● Acute Inpatient	141,399	141,534	149,455
● Outpatients	37,539	37,575	39,002
● Sub-acute	10,795	10,805	11,441
● Emergency Department	27,525	27,552	28,896
● Mental Health	15,500	15,515	16,428
● Prevention and Primary Care	3,960	4,503	3,914

Gold Coast Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Ambulatory mental health service contact duration (hours)[15]	>90,125	92,507	>90,125

Notes:

1. This is a measure of the access and timeliness of Emergency Department (ED) services. It reports the percentage of patients treated within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, the Gold Coast HHS publicly funded EDs saw more than 147,000 presentations, over 4,500 more than the prior year. Almost 2,000 more patients were seen in time than for the same period the prior year.
2. This is a measure of access and timeliness of ED services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, Gold Coast's public hospitals treated over 15,000 patients off the elective surgery waiting list, over 1,100 more than the same period the prior year. Over this same period almost 1,300 more patients received their care within clinically recommended time.
4. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. Staphylococcus aureus are bacteria commonly found on around 30 per cent of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly so when they infect the bloodstream. The data reported for this service standard are for bloodstream infections with Staphylococcus aureus (including methicillin resistant Staphylococcus aureus) and are reported as a rate of infection per 10,000 patient days. The Target/Estimate for this measure aligns with the national benchmark of 2 cases per 10,000 acute public hospital patient days.
5. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 31 March 2019. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. However, increased pressure on community and inpatient mental health services has seen increases in readmission rates and this is negatively impacting the rate of community follow up.
6. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 28 February 2019. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. Queensland's rate of readmission has remained relatively stable over the past five years, however it has not yet reached the nationally recommended target.
7. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. The figures provided include both Ready for Care and Not Ready for Care patients. Estimated Actuals for 2018-19 are as at 1 May 2019.
8. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, almost 3,000 additional initial specialist outpatient appointments were delivered compared to the same period in the prior year.
9. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
10. This is a measure of effectiveness that reports on the number of days within which half of all patients received elective surgery. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
11. Activity Based Funding (ABF) defines public hospital activity in terms of a single measure called a Weighted Activity Unit (WAU). A WAU provides a common unit of comparison so that all activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care and mental health). The average cost per WAU represents the average cost per unit of activity for all activity types. Cost per WAU excludes Prevention and Primary Care, Specified Grants, Clinical Education and Training, Public Private Partnerships and Pharmaceutical Benefit Scheme. The 2018-19 Target/Estimate is based on 2018-19 ABF funding per WAU. The 2018-19 Estimated Actual is based on 1 July 2018 to 31 March 2019 ABF cost per WAU. The variation from the 2018-19 Target/Estimate is a result of lower levels than anticipated of activity in the first 9 months of the year increasing cost per WAU. The Gold Coast HHS anticipates managing the shortfall in the final quarter. The 2019-20 Target/Estimate is based on 2019-20 ABF funding per WAU. The 2019-20 Target/Estimate is based on 2019-20 ABF funding per WAU.
12. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. 2018-19 Estimated Actuals are based on the period 1 July 2018 to 30 April 2019 and then forecast to 30 June 2019.
13. This measure tracks the growth in non-admitted patient telehealth service events. Telehealth service events enable timely access to contemporary specialist services for patients from regional, rural and remote communities, and support a reduction

in waiting times and costs associated with patient travel. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 31 March 2019 and are annualised to derive an estimate for full financial year.

14. A Weighted Activity Unit (WAU) provides a common unit of comparison so that all public hospital activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care, mental health and prevention and primary care). Estimated Actuals for 2018-19 are based on 2018-19 service agreements as updated in amendment window three in April 2019 to incorporate HHSs' activity forecasts. 2019-20 Target/Estimates are based on the 2019-20 purchased activity. The 2018-19 Target/Estimate is the reported target in the 2018-19 Service Delivery Statement updated to the Q21 Phase with activity reported in the Q21 phase of the ABF model which underpins the 2018-19 and 2019-20 service agreements. The service agreement service stream 'Total WAUs – Interventions and procedures' has been reallocated between 'Total WAUs – Acute Inpatient Care' and 'Total WAUs – Outpatient Care' based on Inpatient vs Outpatient proportions. 'Total WAUs – Prevention and Primary Care' is comprised of BreastScreen and Dental WAUs.

15. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor, weighted for locality and may be reduced from previous years due to movement in reported available clinician hours. This methodology results in a stretch performance target for many services, and it is not expected that all services will necessarily meet the target every year.

Income statement

Gold Coast Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
INCOME				
Taxes		..	..	..
User charges and fees	1	1,478,783	1,534,120	1,559,504
Grants and other contributions		12,986	13,184	12,986
Interest and distributions from managed funds		77	206	206
Other revenue	2,6	1,800	2,292	1,977
Gains on sale/revaluation of assets		..	..	..
Total income		**1,493,646**	**1,549,802**	**1,574,673**
EXPENSES				
Employee expenses	3,7	1,046,771	1,082,778	1,107,677
Supplies and services	4,8	361,693	386,096	380,499
Grants and subsidies		1,323	1,323	1,323
Depreciation and amortisation		79,424	81,170	80,739
Finance/borrowing costs		..	..	..
Other expenses		3,250	3,250	3,250
Losses on sale/revaluation of assets		1,185	1,185	1,185
Total expenses		**1,493,646**	**1,555,802**	**1,574,673**
OPERATING SURPLUS/(DEFICIT)	**5,9**	**..**	**(6,000)**	**..**

Balance sheet

Gold Coast Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CURRENT ASSETS				
Cash assets	10,14	67,105	69,036	77,686
Receivables	11	25,359	43,267	43,623
Other financial assets		..	..	..
Inventories		8,788	9,177	9,266
Other		2,600	2,973	3,240
Non-financial assets held for sale		..	..	..
Total current assets		**103,852**	**124,453**	**133,815**
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment		1,681,341	1,698,297	1,680,014
Intangibles		4,092	..	34
Other		..	..	..
Total non-current assets		**1,685,433**	**1,698,297**	**1,680,048**
TOTAL ASSETS		**1,789,285**	**1,822,750**	**1,813,863**
CURRENT LIABILITIES				
Payables	12	42,342	57,864	60,402
Accrued employee benefits	13,15	35,756	39,809	46,633
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		1,132	2,541	2,541
Total current liabilities		**79,230**	**100,214**	**109,576**
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		**..**	**..**	**..**
TOTAL LIABILITIES		**79,230**	**100,214**	**109,576**
NET ASSETS/(LIABILITIES)		**1,710,055**	**1,722,536**	**1,704,287**
EQUITY				
TOTAL EQUITY		**1,710,055**	**1,722,536**	**1,704,287**

Cash flow statement

Gold Coast Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
User charges and fees		1,477,482	1,532,819	1,558,203
Grants and other contributions		12,986	12,986	12,986
Interest and distribution from managed funds received		77	206	206
Taxes		..	..	..
Other		9,850	10,342	10,027
Outflows:				
Employee costs		(1,046,765)	(1,082,772)	(1,100,853)
Supplies and services		(367,716)	(392,119)	(386,522)
Grants and subsidies		(1,323)	(1,323)	(1,323)
Borrowing costs		..	..	..
Other		(3,250)	(3,250)	(3,250)
Net cash provided by or used in operating activities		**81,341**	**76,889**	**89,474**
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of non-financial assets		(85)	(85)	(85)
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
Outflows:				
Payments for non-financial assets		(7,869)	(16,427)	(11,515)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by or used in investing activities		**(7,954)**	**(16,512)**	**(11,600)**
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		7,869	15,450	11,515
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		(79,424)	(81,170)	(80,739)
Net cash provided by or used in financing activities		**(71,555)**	**(65,720)**	**(69,224)**
Net increase/(decrease) in cash held		**1,832**	**(5,343)**	**8,650**
Cash at the beginning of financial year		**65,273**	**74,379**	**69,036**
Cash transfers from restructure		..	..	..
Cash at the end of financial year		**67,105**	**69,036**	**77,686**

Explanation of variances in the financial statements

Income statement

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

1. The increase relates to additional funding provided through the Service Agreement with the Department of Health (the department) for the provision of frontline services in response to growth in healthcare demand.
2. The increase relates to new commercial activity such as recoveries for shared services.
3. The increase relates to additional frontline staff required to service the growth in demand for healthcare services.
4. The increase reflects growth in demand for healthcare services and activity. Additional expenses include clinical supplies, pathology, drugs, operating leases and electricity.
5. The reported deficit relates to the re-investment of retained earnings to support the implementation of the integrated electronic Medical Record.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

6. The decrease relates to the removal of non-recurrent revenue for commercial activity.
7. The increase relates to additional frontline staff required to service the growth in demand for healthcare services, along with annual enterprise bargaining increments.
8. The decrease relates to the removal of non-recurrent program expenditure.
9. The increase reflects the return to a balanced operating position.

Balance sheet

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

10. The increase reflects the increase in payables and accrued employee benefits.
11. The increase is due to additional funding payable from the department as a result of end of financial year technical adjustments.
12. The increase is due to the timing of payments to suppliers.
13. The increase relates to additional frontline staff required to service the growth in demand for healthcare services.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

14. The increase reflects the increase in payables and accrued employee benefits.
15. The increase is due to additional end of year accrual days for salaries and wages.

Mackay Hospital and Health Service

Overview

The Mackay Hospital and Health Service (HHS) is an independent statutory body overseen by an appointed Hospital and Health Board. The Mackay 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 to a population of approximately 172,520 people. The geographical catchment of the Mackay HHS spans 90,364 square kilometres, extending from Bowen in the north to St Lawrence in the south, west to Clermont and northwest to Collinsville, and includes Proserpine and the Whitsundays.

The Mackay HHS is responsible for the direct management of eight hospitals and multipurpose health services together with other community health facilities within the HHS's geographical boundaries, including:

- Bowen Hospital
- Clermont Hospital
- Collinsville Hospital
- Dysart Hospital
- Mackay Base Hospital
- Moranbah Hospital
- Proserpine Hospital
- Sarina Hospital

The Mackay HHS purpose is to deliver outstanding health care services to its communities through its people and partners, and is striving to achieve its 2020 vision 'Delivering Queensland's Best Rural and Regional Health Care', through four strategic objectives:

- inspired people
- exceptional patient experiences
- excellence in integrated care
- sustainable service delivery.

The strategies under these strategic objectives are strongly aligned to the vision and 10-year strategy for health in Queensland - *My health, Queensland's future: Advancing health 2026*. Mackay HHS strategies have been designed to shape the future of health care in our region and to achieve positive outcomes for the Mackay health service communities including improving health outcomes for our Aboriginal and Torres Strait Islander and Australian South Sea Islander population; better access to services; safe and excellent care; smart use of technology; and sustainable services matched to community health needs.

The HHS contributes to the Government's objectives for the community *Our Future State: Advancing Queensland's Priorities*:

- Keep Queenslanders healthy by delivering on our strategies in working collaboratively with the Primary Health Network, our community and our partners to reduce risk factors, such as, smoking, drugs and alcohol and obesity; responding with our partners to improve mental health and empowering our patients and the broader community to own and improve their individual health
- Give all our children a great start by providing maternity, neonatal and children's health services including provision of high quality support throughout pregnancy; working with parents to immunise babies and ensuring children get the right developmental support at the right time.

The demand for public services in the Mackay HHS continues to grow as more people choose public services over private services in the region, compounded because of significant pockets of disadvantage throughout Mackay HHS. The Mackay HHS residents demonstrate high rates of people with risky behaviours including smoking, obesity and drinking. The population also continues to age, with older people having the greatest projected population increase over the coming years. Indigenous people represent a higher proportion of the population in Mackay HHS, compared to the State of Queensland. The strategies under our strategic objectives of Excellence in Integrated Care and Sustainable Service Delivery are focused to respond to the demographic, social and economic factors of our community.

Service summary

The Mackay HHS has an operating budget of $463.9 million for 2019-20 which is an increase of $22.1 million the published 2018-19 operating budget of $441.7 million.

In 2019-2020, the Mackay HHS expects to see a continued increase in demand for public health services. The HHS will focus on delivering the core services for its community and responding to the community's health priorities. The future focus of the Mackay HHS will place continued emphasis on the delivery of key strategies through collaborative and productive partnerships with our private, public and non-government organisation partners to improve access to health services as close to home as possible and deliver financially viable service models.

Key initiatives and investments in 2019-20 include:

- continuing to respond to community health priorities, such as care of the elderly and chronic disease
- taking action to improve health outcomes for our Aboriginal and Torres Strait Islander and Australian South Sea Islander population
- further developing contemporary models of care to help patients to spend less time in hospital
- improving patient flow and striving for patients to have better access to surgical and outpatient services.

Service performance

Mackay Hospital and Health Service

Service Area Objective

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

Service Area 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.

Staffing[1,2,3,4,5]

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
2,312	2,371	2,356

Notes:

1. The 2018-19 Budget reflects the forecast full-time equivalents (FTEs) as at 30 June 2019 published in the 2018-19 *Service Delivery Statement* and based on funding provided in the initial 2018-19 Service Agreement.
2. The 2018-19 Estimated Actual reflects the estimated FTEs as at 30 June 2019.
3. The 2019-20 Budget represents the forecast FTEs as at 30 June 2020, based on the initial 2019-20 Service Agreement. FTEs are likely to increase as additional funding is provided throughout the year via the in-year Service Agreement amendment process.
4. The increase in FTE between 2018-19 Budget and 2018-19 Estimated Actual relates to additional funding provided throughout the year via the in-year Service Agreement amendment process. The primary areas of increase include additional Specialist Outpatient activity, Digital Hospital, Telehealth Initiatives and Refresh Nursing.
5. The decrease between the 2018-19 Estimated Actual and 2019-20 Budget relates to the completion of non-recurrent service delivery program funding.

Mackay Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Service Standards *Effectiveness measures* Percentage of emergency department patients seen within recommended timeframes[1]			
● Category 1 (within 2 minutes)	100%	99%	100%
● Category 2 (within 10 minutes)	80%	92%	80%
● Category 3 (within 30 minutes)	75%	72%	75%
● Category 4 (within 60 minutes)	70%	85%	70%
● Category 5 (within 120 minutes)	70%	99%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department[2]	>80%	76%	>80%
Percentage of elective surgery patients treated within clinically recommended times[3]			
● Category 1 (30 days)	>98%	83%	>98%
● Category 2 (90 days)	>95%	85%	>95%
● Category 3 (365 days)	>95%	88%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days[4]	<2	0.3	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit[5]	>65%	62.9%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge[6]	<12%	14.0%	<12%
Percentage of specialist outpatients waiting within clinically recommended times[7]			
● Category 1 (30 days)	70%	58%	70%
● Category 2 (90 days)	70%	60%	70%
● Category 3 (365 days)	90%	85%	90%
Percentage of specialist outpatients seen within clinically recommended times[8]			
● Category 1 (30 days)	81%	60%	81%
● Category 2 (90 days)	75%	58%	75%
● Category 3 (365 days)	97%	90%	97%
Median wait time for treatment in emergency departments (minutes)[9]	..	10	..
Median wait time for elective surgery treatment (days)[10]	..	43	..
Efficiency measure Average cost per weighted activity unit for Activity Based Funding facilities[11]	$4,615	$4,927	$4,447

Mackay Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Other measures Number of elective surgery patients treated within clinically recommended times[12]			
● Category 1 (30 days)	1,077	968	1,179
● Category 2 (90 days)	1,166	932	1,189
● Category 3 (365 days)	330	381	403
Number of Telehealth outpatient service events[13]	9,366	8,264	8,974
Total weighted activity units (WAUs)[14]			
● Acute Inpatient	39,074	40,927	43,101
● Outpatients	12,660	11,512	11,829
● Sub-acute	2,187	2,621	2,723
● Emergency Department	10,030	10,609	11,209
● Mental Health	4,462	3,944	4,084
● Prevention and Primary Care	1,704	1,704	1,746
Ambulatory mental health service contact duration (hours)[15]	>27,854	34,827	>27,854

Notes:

1. This is a measure of the access and timeliness of Emergency Department (ED) services. It reports the percentage of patients treated within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, the Mackay HHS publicly funded EDs saw more than 72,000 presentations, over 3,600 more than the prior year. Over 4,200 more patients were seen in time than for the same period the prior year.
2. This is a measure of access and timeliness of ED services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, Mackay's public hospitals treated over 2,200 patients off the elective surgery waiting list, over 170 more than the same period the prior year. They also performed over 200 more emergency surgeries compared to the prior year, which has impacted the delivery of planned surgical services.
4. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. Staphylococcus aureus are bacteria commonly found on around 30 per cent of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly so when they infect the bloodstream. The data reported for this service standard are for bloodstream infections with Staphylococcus aureus (including methicillin resistant Staphylococcus aureus) and are reported as a rate of infection per 10,000 patient days. The Target/Estimate for this measure aligns with the national benchmark of 2 cases per 10,000 acute public hospital patient days.
5. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 31 March 2019. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. However, increased pressure on community and inpatient mental health services has seen increases in readmission rates and this is negatively impacting the rate of community follow up.
6. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 28 February 2019. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. Queensland's rate of readmission has remained relatively stable over the past five years, however it has not yet reached the nationally recommended target.
7. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. The figures provided include both Ready for Care and Not Ready for Care patients. Estimated Actuals for 2018-19 are as at 1 May 2019.

From 1 July 2018 to 30 April 2019, Mackay Base public hospital saw over 19,186 patients for their initial specialist outpatient service event, over 3,700 more than the same period the prior year.

8. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, Mackay Base public hospital saw over 19,186 patients for their initial outpatient service event, over 3,700 more than the same period the prior year.

9. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.

10. This is a measure of effectiveness that reports on the number of days within which half of all patients received elective surgery. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.

11. Activity Based Funding (ABF) defines public hospital activity in terms of a single measure called a Weighted Activity Unit (WAU). A WAU provides a common unit of comparison so that all activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care and mental health). The average cost per WAU represents the average cost per unit of activity for all activity types. Cost per WAU excludes Prevention and Primary Care, Specified Grants, Clinical Education and Training, Public Private Partnerships and Pharmaceutical Benefit Scheme. The 2018-19 Target/Estimate is based on 2018-19 ABF funding per WAU. The 2018-19 Estimated Actual is based on 1 July 2018 to 31 March 2019 ABF cost per WAU. The variation from the 2018-19 Target/Estimate is a result of lower levels than anticipated of activity in the first 9 months of the year increasing cost per WAU. The Mackay HHS anticipates managing the shortfall in the final quarter. The 2019-20 Target/Estimate is based on 2019-20 ABF funding per WAU.

12. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April 2019 and then forecast to 30 June 2019. From 1 July 2018 to 30 April 2019, Mackay's public hospitals treated over 2,200 patients off the elective surgery waiting list, over 170 more than the same period the prior year. Over this same period there were 100 more Category 1 patients treated than the same period the prior year. They also performed almost 200 more priority emergency surgeries compared to the prior year.

13. This measure tracks the growth in non-admitted patient telehealth service events. Telehealth service events enable timely access to contemporary specialist services for patients from regional, rural and remote communities, and support a reduction in waiting times and costs associated with patient travel. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 31 March 2019 and are annualised to derive an estimate for full financial year. Notwithstanding the 2018-19 Estimated Actual indicates performance less than the 2018-19 Target/Estimate, an additional 715 occasions of service for telehealth have been delivered than in the prior year as at 31 March 2019.

14. A Weighted Activity Unit (WAU) provides a common unit of comparison so that all public hospital activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care, mental health and prevention and primary care). Estimated Actuals for 2018-19 are based on 2018-19 service agreements as updated in amendment window three in April 2019 to incorporate HHSs' activity forecasts. 2019-20 Target/Estimates are based on the 2019-20 purchased activity. The 2018-19 Target/Estimate is the reported target in the 2018-19 Service Delivery Statement updated to the Q21 Phase of the ABF model which underpins the 2018-19 and 2019-20 service agreements. The service agreement service stream 'Total WAUs – Interventions and procedures' has been reallocated between 'Total WAUs – Acute Inpatient Care' and 'Total WAUs – Outpatient Care' based on Inpatient vs Outpatient proportions. 'Total WAUs – Prevention and Primary Care' is comprised of BreastScreen and Dental WAUs.

15. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor, weighted for locality and may be reduced from previous years due to movement in reported available clinician hours. This methodology results in a stretch performance target for many services, and it is not expected that all services will necessarily meet the target every year.

Income statement

Mackay Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
INCOME				
User charges and fees	1,6	424,581	432,293	447,516
Grants and other contributions	2	6,484	12,413	13,071
Interest and distributions from managed funds		25	25	25
Other revenue	7	4,148	3,887	3,254
Gains on sale/revaluation of assets		..	..	..
Total income		**435,238**	**448,618**	**463,866**
EXPENSES				
Employee expenses	3	49,430	44,637	45,569
Supplies and Services:				
Other supplies and services		128,836	128,025	125,371
Department of Health contract staff	4,8	234,538	250,029	260,084
Grants and subsidies		9	9	10
Depreciation and amortisation		27,315	27,051	27,424
Finance/borrowing costs		..	..	..
Other expenses	5	991	4,748	4,775
Losses on sale/revaluation of assets		619	619	633
Total expenses		**441,738**	**455,118**	**463,866**
OPERATING SURPLUS/(DEFICIT)	**9**	**(6,500)**	**(6,500)**	**..**

Balance sheet

Mackay Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CURRENT ASSETS				
Cash assets	10	32,837	31,181	32,070
Receivables		11,477	11,003	11,828
Other financial assets		..	..	..
Inventories		4,105	3,978	4,075
Other	11	725	508	518
Non-financial assets held for sale		..	..	..
Total current assets		**49,144**	**46,670**	**48,491**
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment	12,16	396,433	383,131	388,100
Intangibles		..	..	..
Other		..	..	..
Total non-current assets		**396,433**	**383,131**	**388,100**
TOTAL ASSETS		**445,577**	**429,801**	**436,591**
CURRENT LIABILITIES				
Payables	13	23,138	19,841	21,445
Accrued employee benefits		1,528	1,574	1,809
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other	14	303	834	834
Total current liabilities		**24,969**	**22,249**	**24,088**
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		**..**	**..**	**..**
TOTAL LIABILITIES		**24,969**	**22,249**	**24,088**
NET ASSETS/(LIABILITIES)		**420,608**	**407,552**	**412,503**
EQUITY				
TOTAL EQUITY	15,17	**420,608**	**407,552**	**412,503**

Cash flow statement

Mackay Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
User charges and fees		428,657	432,712	447,857
Grants and other contributions		6,484	8,656	9,314
Interest and distribution from managed funds received		25	25	25
Other		12,545	12,284	11,657
Outflows:				
Employee costs		(49,301)	(44,508)	(45,334)
Supplies and services		(371,466)	(386,146)	(393,486)
Grants and subsidies		(9)	(9)	(10)
Borrowing costs		..	..	..
Other		(1,543)	(1,543)	(1,584)
Net cash provided by or used in operating activities		**25,392**	**21,471**	**28,439**
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of non-financial assets		(26)	(26)	(26)
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
Outflows:				
Payments for non-financial assets		(6,530)	(7,206)	(4,323)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by or used in investing activities		**(6,556)**	**(7,232)**	**(4,349)**
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		2,773	4,120	4,223
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		(27,315)	(27,051)	(27,424)
Net cash provided by or used in financing activities		**(24,542)**	**(22,931)**	**(23,201)**
Net increase/(decrease) in cash held		**(5,706)**	**(8,692)**	**889**
Cash at the beginning of financial year		**38,543**	**39,873**	**31,181**
Cash transfers from restructure		..	..	..
Cash at the end of financial year		**32,837**	**31,181**	**32,070**

Explanation of variances in the financial statements

Income statement

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

1. The increase relates to additional funding provided through amendments to the Service Agreement with the Department of Health (the department) for the delivery of increased public hospital and health services.
2. The increase relates to the recognition of revenue for services provided at a cost below fair value by the department, along with increased Australian Government Grants.
3. The decrease relates to vacancies which have been covered by external contract labour.
4. The increase relates to additional frontline staff, contracted from the department, required to service the growth in demand for healthcare services.
5. The increase relates to the recognition of expenditure for services provided at a cost below fair value by the department.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

6. The increase relates to additional funding provided through the Service Agreement with the department for the delivery of increased service activity, additional block funded services, enterprise bargaining (EB) and depreciation.
7. The decrease relates to reduced sundry revenue.
8. The increase relates to additional frontline staff, contracted from the department, required to service the growth in demand for healthcare services, along with annual EB increments.
9. The increase reflects the return to a balanced operating position.

Balance sheet

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

10. The decrease relates to the timing of payments to suppliers, along with a corresponding reduction in payables.
11. The decrease relates to a reduction in prepayments.
12. The decrease relates to changes in the expected commissioning dates of capital projects, including the Sarina Hospital Redevelopment.
13. The decrease relates to the timing of payments to suppliers.
14. The increase relates to the recognition of higher revenue received in advance.
15. The decrease relates to changes in the expected commissioning dates of capital projects, including the Sarina Hospital Redevelopment.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

16. The increase relates to the commissioning of non-current assets, including the Sarina Hospital Redevelopment.
17. The increase relates to favourable asset revaluation movements as a result of the annual asset revaluation program, along with the transfer of commissioned assets from the department.

Metro North Hospital and Health Service

Overview

Metro North Hospital and Health Service (HHS) is the largest public hospital and health service in Australia, with a major clinical and research campus in Herston, on the northern CBD fringe of Brisbane. Metro North HHS operates Royal Brisbane and Women's Hospital, The Prince Charles Hospital, Redcliffe Hospital, Caboolture Hospital, Kilcoy Hospital, as well as, the Brighton Health Campus and a range of subacute, mental health, community health and oral health facilities. Metro North HHS also provides offender health services to the Woodford Correctional Centre.

With annual revenues of approximately $3 billion and some 19,000 staff, Metro North HHS is responsible for the delivery of medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services to a catchment population of over one million people residing in a geographic area extending from the Brisbane River to north of Kilcoy. Metro North HHS also provides a range of regional and state-wide services to the broader Queensland population as well as people from northern New South Wales and Northern Territory.

Metro North HHS's vision is to change the face of healthcare through compassion, commitment, innovation and connection. The HHS strives to create, connect and apply knowledge to deliver high quality health services.

The strategic objectives of Metro North HHS are: to always put people first; to improve health equity, access, quality, safety and health outcomes; and to deliver value-based health services through a culture of research, education, learning and innovation.

Metro North HHS supports the directions outlined in *My health, Queensland's future: Advancing health 2026* by continuing to improve service for our patients and families, optimising the potential of our people, being adaptable and responsive to change, embedding an organisational culture of ethical and fair decision making, better connecting care across the health continuum and across sectors, increasing our commitment to research, adopting new technologies and pursuing new and renewed infrastructure.

Metro North HHS contributes to the Government's objectives for the community *Our Future State: Advancing Queensland's Priorities*:

- Keep Queenslanders healthy through delivering high quality mental health services to support our population and reduce suicide rates
- Give all our children a great start through high quality maternity services, improving access to antenatal and post-natal care, particularly for women of Aboriginal and/or Torres Strait Islander descent.

The key challenges for Metro North HHS are service demand growth, asset and infrastructure renewal and growth, workforce capability and capacity, digital health transformation, information and system security, health resourcing and system dependencies.

In 2019-20, Metro North HHS will continue to apply the following strategies:

- listening to the voice of patients and their carers and families to improve the patient experience
- listening to staff and partners and involving them in organisational development, governance and decision making
- leading integration, coordination and continuity of services across and within primary, community and hospital care
- creating system capacity
- generating new knowledge through research, evaluating what others have learnt and actively bringing this knowledge into practice
- creating an environment that promotes innovative approaches to support our people in continuous improvement and organisational learning
- working with our partners to ensure an appropriate balance in health investment between prevention, management and treatment of disease
- providing models of service delivery that are fiscally responsible.

Metro North HHS will continue to implement initiatives in relation to the management of patients with chronic diseases, children's health, mental health, and prioritise new initiatives across a range of areas including Aboriginal and Torres Strait Islander health and kidney health services.

Service summary

Metro North HHS has an operating budget of $3.049 billion for 2019-20 which is an increase of $210.6 million from the published 2018-19 operating budget of $2.838 billion.

Major deliverables for 2019-20 include:

- continuation of the Herston Quarter Redevelopment Project particularly the progression of the new public health facility Surgical, Treatment and Rehabilitation Service (STARS)
- completion of the Caboolture Hospital Emergency Department expansion
- commencement of the Caboolture Hospital Expansion which will provide additional capacity of 130 beds and other services in a new building
- a new multistorey carpark for Redcliffe Hospital
- preparing a business case and planning of new car parks at Caboolture Hospital and The Prince Charles Hospital.

Service performance

Metro North Hospital and Health Service

Service Area Objective

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

Services

Description

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

Staffing[1,2,3,4,5]

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
16,165	16,272	16,860

Notes:

1. The 2018-19 Budget reflects the forecast full-time equivalents (FTEs) as at 30 June 2019 published in the 2018-19 *Service Delivery Statement* and based on funding provided in the initial 2018-19 Service Agreement.
2. The 2018-19 Estimated Actual reflects the estimated FTEs as at 30 June 2019.
3. The 2019-20 Budget represents the forecast FTEs as at 30 June 2020, based on the initial 2019-20 Service Agreement. FTEs are likely to increase as additional funding is provided throughout the year via the in-year Service Agreement amendment process.
4. The increase in FTE between 2018-19 Budget and 2018-19 Estimated Actual relates to additional funding provided throughout the year via the in-year Service Agreement amendment process.
5. The increase in FTE between 2018-19 Estimated Actual and 2019-20 Budget relates to additional frontline staff required to service the growth in demand for healthcare services.

Metro North Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Service Standards *Effectiveness measures* Percentage of emergency department patients seen within recommended timeframes[1]			
● Category 1 (within 2 minutes)	100%	99%	100%
● Category 2 (within 10 minutes)	80%	78%	80%
● Category 3 (within 30 minutes)	75%	60%	75%
● Category 4 (within 60 minutes)	70%	78%	70%
● Category 5 (within 120 minutes)	70%	95%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department[2]	>80%	67%	>80%
Percentage of elective surgery patients treated within clinically recommended times[3]			
● Category 1 (30 days)	>98%	94%	>98%
● Category 2 (90 days)	>95%	93%	>95%
● Category 3 (365 days)	>95%	94%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days[4]	<2	0.7	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit[5]	>65%	58.9%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge[6]	<12%	14.3%	<12%
Percentage of specialist outpatients waiting within clinically recommended times[7]			
● Category 1 (30 days)	56%	68%	56%
● Category 2 (90 days)	70%	69%	70%
● Category 3 (365 days)	94%	92%	94%
Percentage of specialist outpatients seen within clinically recommended times[8]			
● Category 1 (30 days)	81%	81%	81%
● Category 2 (90 days)	62%	60%	62%
● Category 3 (365 days)	89%	84%	89%
Median wait time for treatment in emergency departments (minutes)[9]	..	19	..
Median wait time for elective surgery treatment (days)[10]	..	36	..
Efficiency measure Average cost per weighted activity unit for Activity Based Funding facilities[11]	$4,395	$4,653	$4,409

Metro North Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Other measures Number of elective surgery patients treated within clinically recommended times[12]			
● Category 1 (30 days)	9,727	9,615	10,276
● Category 2 (90 days)	10,109	10,896	11,184
● Category 3 (365 days)	6,003	5,772	6,123
Number of Telehealth outpatient service events[13]	10,000	17,217	18,442
Total weighted activity units (WAUs)[14]			
● Acute Inpatient	283,426	277,949	291,489
● Outpatients	86,334	99,163	112,528
● Sub-acute	25,811	25,920	23,337
● Emergency Department	45,637	44,686	42,784
● Mental Health	33,372	35,336	37,444
● Prevention and Primary Care	10,055	9,921	9,924
Ambulatory mental health service contact duration (hours)[15]	>171,919	153,172	>171,919

Notes:

1. This is a measure of the access and timeliness of Emergency Department (ED) services. It reports the percentage of patients treated within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, Metro North HHS publicly funded EDs saw more than 249,000 presentations, over 6,000 more than the prior year. Over the same period over 8,700 more patients were seen in time than for the same period the prior year.
2. This is a measure of access and timeliness of ED services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, Metro North's public hospitals treated over 23,000 patients off the elective surgery waiting list, almost 1,000 more than the same period the prior year. Over this same period almost 700 more patients received their care within clinically recommended time.
4. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. Staphylococcus aureus are bacteria commonly found on around 30 per cent of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly so when they infect the bloodstream. The data reported for this service standard are for bloodstream infections with Staphylococcus aureus (including methicillin resistant Staphylococcus aureus) and are reported as a rate of infection per 10,000 patient days. The Target/Estimate for this measure aligns with the national benchmark of 2 cases per 10,000 acute public hospital patient days.
5. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 31 March 2019. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. However, increased pressure on community and inpatient mental health services has seen increases in readmission rates and this is negatively impacting the rate of community follow up.
6. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 28 February 2019. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. Queensland's rate of readmission has remained relatively stable over the past five years, however it has not yet reached the nationally recommended target. Analysis shows that there are statistically similar rates of readmission for Indigenous and non-Indigenous Queenslanders, but trends are impacted by smaller number of separations for Indigenous Queenslanders which can lead to greater volatility in the data.

7. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. The figures provided include both Ready for Care and Not Ready for Care patients. Estimated Actuals for 2018-19 are as at 1 May 2019.

8. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 31 April 2019, over 20,700 more initial specialist outpatient appointments were provided and over 14,400 additional patients were seen within the clinically recommended time compared to the same period in the prior year.

9. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.

10. This is a measure of effectiveness that reports on the number of days within which half of all patients received elective surgery. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.

11. Activity Based Funding (ABF) defines public hospital activity in terms of a single measure called a Weighted Activity Unit (WAU). A WAU provides a common unit of comparison so that all activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care and mental health). The average cost per WAU represents the average cost per unit of activity for all activity types. Cost per WAU excludes Prevention and Primary Care, Specified Grants, Clinical Education and Training, Public Private Partnerships and Pharmaceutical Benefit Scheme. The 2018-19 Target/Estimate is based on 2018-19 ABF funding per WAU. The 2018-19 Estimated Actual is based on 1 July 2018 to 31 March 2019 ABF cost per WAU. The 2019-20 Target/Estimate is based on 2019-20 ABF funding per WAU.

12. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. 2018-19 Estimated Actuals are based on the period 1 July 2018 to 30 April 2019 and then forecast to 30 June 2019.

13. This measure tracks the growth in non-admitted patient telehealth service events. Telehealth service events enable timely access to contemporary specialist services for patients from regional, rural and remote communities, and support a reduction in waiting times and costs associated with patient travel. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 31 March 2019 and are annualised to derive an estimate for full financial year.

14. A Weighted Activity Unit (WAU) provides a common unit of comparison so that all public hospital activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care, mental health and prevention and primary care). Estimated Actuals for 2018-19 are based on 2018-19 service agreements as updated in amendment window three in April 2019 to incorporate HHSs' activity forecasts. 2019-20 Target/Estimates are based on the 2019-20 purchased activity. The 2018-19 Target/Estimate is the reported target in the 2018-19 Service Delivery Statement updated to the Q21 Phase of the ABF model which underpins the 2018-19 and 2019-20 service agreements. The service agreement service stream 'Total WAUs – Interventions and procedures' has been reallocated between 'Total WAUs – Acute Inpatient Care' and 'Total WAUs – Outpatient Care' based on Inpatient vs Outpatient proportions. 'Total WAUs – Prevention and Primary Care' is comprised of BreastScreen and Dental WAUs.

15. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor, weighted for locality and may be reduced from previous years due to movement in reported available clinician hours. This methodology results in a stretch performance target for many services, and it is not expected that all services will necessarily meet the target every year.

Income statement

Metro North Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
INCOME				
Taxes		..	..	..
User charges and fees	1,7	2,809,995	2,880,450	2,998,208
Grants and other contributions	2	20,135	44,447	43,432
Interest and distributions from managed funds		635	790	810
Other revenue		7,342	8,885	5,630
Gains on sale/revaluation of assets		99	685	703
Total income		**2,838,206**	**2,935,257**	**3,048,783**
EXPENSES				
Employee expenses	3,8	2,038,111	2,057,532	2,185,485
Supplies and services	4,9	680,479	729,799	711,683
Grants and subsidies		2,178	2,178	2,233
Depreciation and amortisation	5	109,109	114,169	117,595
Finance/borrowing costs		..	..	..
Other expenses	6	4,556	27,806	27,920
Losses on sale/revaluation of assets		3,773	3,773	3,867
Total expenses		**2,838,206**	**2,935,257**	**3,048,783**
OPERATING SURPLUS/(DEFICIT)		**..**	**..**	**..**

Balance sheet

Metro North Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CURRENT ASSETS				
Cash assets	10	7,696	55,346	51,681
Receivables		91,776	84,866	88,216
Other financial assets		..	..	..
Inventories		19,044	18,106	18,311
Other		8,963	9,371	9,657
Non-financial assets held for sale		..	..	..
Total current assets		**127,479**	**167,689**	**167,865**
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment	11	1,305,523	1,322,643	1,322,068
Intangibles		25,403	24,498	19,679
Other		243	445	445
Total non-current assets		**1,331,169**	**1,347,586**	**1,342,192**
TOTAL ASSETS		**1,458,648**	**1,515,275**	**1,510,057**
CURRENT LIABILITIES				
Payables		79,280	83,925	85,965
Accrued employee benefits	12,14	86,008	94,394	100,112
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		2,836	5,538	5,538
Total current liabilities		**168,124**	**183,857**	**191,615**
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		**..**	**..**	**..**
TOTAL LIABILITIES		**168,124**	**183,857**	**191,615**
NET ASSETS/(LIABILITIES)		**1,290,524**	**1,331,418**	**1,318,442**
EQUITY				
TOTAL EQUITY	13,15	**1,290,524**	**1,331,418**	**1,318,442**

Cash flow statement

Metro North Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
User charges and fees		2,802,898	2,889,676	2,991,017
Grants and other contributions		20,116	20,613	19,592
Interest and distribution from managed funds received		635	790	810
Taxes		..	..	..
Other		47,065	48,608	45,353
Outflows:				
Employee costs		(2,032,393)	(2,048,627)	(2,179,767)
Supplies and services		(718,660)	(792,994)	(749,293)
Grants and subsidies		(2,178)	(2,178)	(2,233)
Borrowing costs		..	..	..
Other		(4,556)	(4,556)	(4,670)
Net cash provided by or used in operating activities		**112,927**	**111,332**	**120,809**
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of non-financial assets		99	685	703
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
Outflows:				
Payments for non-financial assets		(58,969)	(65,261)	(37,989)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by or used in investing activities		**(58,870)**	**(64,576)**	**(37,286)**
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		30,506	46,836	30,407
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		(109,109)	(114,169)	(117,595)
Net cash provided by or used in financing activities		**(78,603)**	**(67,333)**	**(87,188)**
Net increase/(decrease) in cash held		**(24,546)**	**(20,577)**	**(3,665)**
Cash at the beginning of financial year		**32,242**	**75,923**	**55,346**
Cash transfers from restructure		..	..	..
Cash at the end of financial year		**7,696**	**55,346**	**51,681**

Explanation of variances in the financial statements

Income statement

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

1. The increase relates to additional funding provided through amendments to the Service Agreement with the Department of Health (the department) for the delivery of increased public hospital and health services.
2. The increase relates to the recognition of revenue for services provided at a cost below fair value by the department.
3. The increase relates to additional frontline staff required to service the growth in demand for healthcare services.
4. The increase reflects growth in demand for healthcare services and activity.
5. The increase relates to a review of the useful lives of non-current assets and software, along with assets that were commissioned throughout the year.
6. The increase relates to the recognition of expenses for services provided at a cost below fair value by the department.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

7. The increase relates to additional funding provided through the Service Agreement with the department for increased service activity, enterprise bargaining (EB) and depreciation.
8. The increase relates to additional frontline staff required to service the growth in demand for healthcare services, along with annual EB increments.
9. The decrease relates to savings through productivity efficiencies and reduction of non-recurrent project expenditure.

Balance sheet

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

10. The increase is due to a prior year operating surplus, a net reduction in payments for non-financial assets and cash gains in balance sheet movements of receivables and payables.
11. The increase relates to additional assets transferred from the department and additional investment in the Surgical, Treatment and Rehabilitation Service project as part of the Herston Quarter Redevelopment.
12. The increase is due to additional end of year accrual days for salaries and wages.
13. The increase relates to a prior year operating surplus and the transfer of commissioned assets from the department.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

14. The increase is due to additional end of year accrual days for salaries and wages.
15. The decrease is due to the impact of depreciation of non-current assets offset by capital contributed for the payments for non-financial assets.

Metro South Hospital and Health Service

Overview

The Metro South Hospital and Health Service (HHS) is an independent statutory body overseen by a local Hospital and Health Board. Metro South HHS is the most populated HHS in Queensland with a resident population of over one million people. Metro South HHS covers 3,856 square kilometres and includes Brisbane City south of the Brisbane River, Redland City, Logan City, Beaudesert and the eastern portion of the Scenic Rim. Metro South HHS operates the following facilities.

- Princess Alexandra Hospital
- Beaudesert Hospital
- Logan Hospital
- Queen Elizabeth II Jubilee (QEII) Hospital
- Redland Hospital

It also comprises a number of residential care facilities, community health centres, mental health and oral health services, as well as outreach and home visiting services.

Metro South HHS's vision is health and wellbeing for all in the community. Our purpose is partnering for high quality, connected, person-centred and sustainable care.

Metro South HHS contributes to the Government's objectives for the community *Our Future State: Advancing Queensland's Priorities:*

- Keep Queenslanders healthy through the key strategic objectives of:
    - Person-centred care – we will partner with consumers and the community to support informed health and lifestyle choices
    - Connecting care – consumers' healthcare journeys will be seamless from wellness, through illness, rehabilitation, end of life, and death
    - Quality care – consumers will receive quality, reliable and evidence-based healthcare focussed on improving health outcomes.
    - Sustainable care – we will develop structures and systems to enable efficient and effective healthcare.
- Give all our children a great start through the key strategic objective of:
    - Quality care – strengthen prevention, early intervention and health literacy approaches to improve health and wellbeing.

The Metro South HHS catchment includes regions with high population growth coupled with higher than average health service utilisation rates due to socioeconomic vulnerability, cultural diversity and ageing. These are the key drivers resulting in significantly increasing volume and complexity of service demand. This trend is projected to continue into the foreseeable future. Key priorities and initiatives for Metro South HHS in 2019-20 include the implementation of service optimisation and transformation strategies, to help meet this demand on services. These strategies will be supported by an increased focus on partnering with consumers, the community, research and academic institutions, and the private sector to develop new and innovative solutions to these challenges.

Service summary

Metro South HHS has an operating budget of $2.566 billion for 2019-20 which is an increase of $157.4 million from the published 2018-19 operating budget of $2.408 billion.

During 2019-20, Metro South HHS will progress the planning and delivery of the following major investment initiatives:

- Logan Hospital Expansion Project to deliver 206 additional beds
- Logan Hospital Maternity Service refurbishment and expansion
- Redland Hospital Expansion – additional Emergency Department beds and birthing facilities
- Redland Hospital Multi-Story Car Park business case.

During 2019-20 the HHS will continue to face challenges in meeting growing demand for its services from both population growth and complexity due to population ageing and increasing levels of chronic disease. From a financial perspective the HHS will be focused on meeting activity growth and improving its productivity within the current funding environment.

Service performance

Performance statement

Metro South Hospital and Health Service

Service Area Objective

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

Service Area Description

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

Staffing[1,2,3,4,5]

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
12,882	13,465	13,478

Notes:

1. The 2018-19 Budget reflects the forecast full-time equivalents (FTEs) as at 30 June 2019 published in the 2018-19 *Service Delivery Statement* and based on funding provided in the initial 2018-19 Service Agreement.
2. The 2018-19 Estimated Actual reflects the estimated FTEs as at 30 June 2019.
3. The 2019-20 Budget represents the forecast FTEs as at 30 June 2020, based on the initial 2019-20 Service Agreement. FTEs are likely to increase as additional funding is provided throughout the year via the in-year Service Agreement amendment process.
4. The increase in FTE between 2018-19 Budget and 2018-19 Estimated Actual relates to additional funding provided throughout the year via the in-year Service Agreement amendment process. The primary areas of service activity increase include Healthcare Innovation and Transformation Excellence Collaboration (HITEC), increased own source revenue initiatives, Future Hospital Program, Specialist Outpatient Strategy, growth funding, nursing election commitments including midwives, and services previously outsourced are now provided internally, which has increased the FTE.
5. The increase in FTE between 2018-19 Estimated Actual and 2019-20 Budget relates to additional funding provided throughout the Service Agreement. The primary areas of service activity increase include Winter Bed Management Strategy, Frail Older Persons and Nurse Navigators.

Metro South Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Service Standards *Effectiveness measures* Percentage of emergency department patients seen within recommended timeframes[1]			
● Category 1 (within 2 minutes)	100%	99%	100%
● Category 2 (within 10 minutes)	80%	64%	80%
● Category 3 (within 30 minutes)	75%	56%	75%
● Category 4 (within 60 minutes)	70%	72%	70%
● Category 5 (within 120 minutes)	70%	91%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department[2]	>80%	67%	>80%
Percentage of elective surgery patients treated within clinically recommended times[3]			
● Category 1 (30 days)	>98%	99%	>98%
● Category 2 (90 days)	>95%	94%	>95%
● Category 3 (365 days)	>95%	98%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days[4]	<2	0.9	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit[5]	>65%	54.4%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge[6]	<12%	14.5%	<12%
Percentage of specialist outpatients waiting within clinically recommended times[7]			
● Category 1 (30 days)	45%	45%	45%
● Category 2 (90 days)	47%	52%	47%
● Category 3 (365 days)	86%	85%	86%
Percentage of specialist outpatients seen within clinically recommended times[8]			
● Category 1 (30 days)	75%	70%	75%
● Category 2 (90 days)	70%	57%	70%
● Category 3 (365 days)	85%	86%	85%
Median wait time for treatment in emergency departments (minutes)[9]	..	20	..
Median wait time for elective surgery treatment (days)[10]	..	32	..
Efficiency measure Average cost per weighted activity unit for Activity Based Funding facilities[11]	$4,926	$4,858	$4,852

Metro South Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Other measures Number of elective surgery patients treated within clinically recommended times[12]			
● Category 1 (30 days)	8,926	8,854	9,105
● Category 2 (90 days)	8,921	10,315	10,400
● Category 3 (365 days)	4,250	5,597	5,391
Number of Telehealth outpatient service events[13]	4,627	5,633	5,646
Total weighted activity units (WAUs)[14]			
● Acute Inpatient	212,201	211,147	227,347
● Outpatients	68,932	78,760	78,373
● Sub-acute	27,615	27,934	29,016
● Emergency Department	43,696	45,169	46,191
● Mental Health	27,615	27,273	28,914
● Prevention and Primary Care	9,425	9,886	9,513
Ambulatory mental health service contact duration (hours)[15]	>174,933	165,283	>174,933

Notes:

1. This is a measure of the access and timeliness of Emergency Department (ED) services. It reports the percentage of patients treated within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, the Metro South HHS publicly funded EDs saw more than 235,000 presentations, over 2,600 more than the prior year. Over 5,700 more patients were seen in time than for the same period the prior year.
2. This is a measure of access and timeliness of ED services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, over 22,800 more patients were admitted from the emergency department to a hospital across the Metro South HHS; over 600 additional emergency surgeries were provided; and over 1,300 more patients were treated and removed from the elective surgery waiting list compared to the same period in the prior year. This demonstrates that more patients than ever have received care across the Metro South HHS. The Metro South HHS has a number of initiatives in progress to increase bed capacity which will improve the performance measure.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, Metro South's public hospitals treated almost 21,000 patients off the elective surgery waiting list, over 1,300 more than the same period the prior year. Over this same period over 2,300 more patients received their care within clinically recommended time.
4. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. Staphylococcus aureus are bacteria commonly found on around 30 per cent of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly so when they infect the bloodstream. The data reported for this service standard are for bloodstream infections with Staphylococcus aureus (including methicillin resistant Staphylococcus aureus) and are reported as a rate of infection per 10,000 patient days. The Target/Estimate for this measure aligns with the national benchmark of 2 cases per 10,000 acute public hospital patient days.
5. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 31 March 2019. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. However, increased pressure on community and inpatient mental health services has seen increases in readmission rates and this is negatively impacting the rate of community follow up.
6. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 28 February 2019. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. Queensland's rate of readmission has remained relatively stable over the past five years, however it has not yet reached the nationally recommended target.

7. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. The figures provided include both Ready for Care and Not Ready for Care patients. Estimated Actuals for 2018-19 are as at 1 May 2019. From 1 July 2018 to 30 April 2019, over 25,400 more initial specialist outpatient appointments were provided and over 15,200 more patients received their first specialist outpatient appointment within the clinically recommended time compared to the same period in the prior year.

8. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019.

9. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.

10. This is a measure of effectiveness that reports on the number of days within which half of all patients received elective surgery. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.

11. Activity Based Funding (ABF) defines public hospital activity in terms of a single measure called a Weighted Activity Unit (WAU). A WAU provides a common unit of comparison so that all activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care and mental health). The average cost per WAU represents the average cost per unit of activity for all activity types. Cost per WAU excludes Prevention and Primary Care, Specified Grants, Clinical Education and Training, Public Private Partnerships and Pharmaceutical Benefit Scheme. The 2018-19 Target/Estimate is based on 2018-19 ABF funding per WAU. The 2018-19 Estimated Actual is based on 1 July 2018 to 31 March 2019 ABF cost per WAU. The 2019-20 Target/Estimate is based on 2019-20 ABF funding per WAU, reflecting further expected improvements in efficiency.

12. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. 2018-19 Estimated Actuals are based on the period 1 July 2018 to 30 April 2019 and then forecast to 30 June 2019.

13. This measure tracks the growth in non-admitted patient telehealth service events. Telehealth service events enable timely access to contemporary specialist services for patients from regional, rural and remote communities, and support a reduction in waiting times and costs associated with patient travel. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 31 March 2019 and are annualised to derive an estimate for full financial year.

14. A Weighted Activity Unit (WAU) provides a common unit of comparison so that all public hospital activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care, mental health and prevention and primary care). Estimated Actuals for 2018-19 are based on 2018-19 service agreements as updated in amendment window three in April 2019 to incorporate HHSs' activity forecasts. 2019-20 Target/Estimates are based on the 2019-20 purchased activity. The 2018-19 Target/Estimate is the reported target in the 2018-19 Service Delivery Statement updated to the Q21 Phase of the ABF model which underpins the 2018-19 and 2019-20 service agreements. The service agreement service stream 'Total WAUs – Interventions and procedures' has been reallocated between 'Total WAUs – Acute Inpatient Care' and 'Total WAUs – Outpatient Care' based on Inpatient vs Outpatient proportions. 'Total WAUs – Prevention and Primary Care' is comprised of BreastScreen and Dental WAUs. Activity has increased by 6 per cent compared to the prior year.

15. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor, weighted for locality and may be reduced from previous years due to movement in reported available clinician hours. This methodology results in a stretch performance target for many services, and it is not expected that all services will necessarily meet the target every year.

Income statement

Metro South Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
INCOME				
Taxes		..	..	..
User charges and fees		2,374,724	2,438,089	2,508,497
Grants and other contributions	1,7	29,415	62,535	55,704
Interest and distributions from managed funds		798	35	80
Other revenue	2,8	3,269	2,119	1,329
Gains on sale/revaluation of assets		..	..	..
Total income		**2,408,206**	**2,502,778**	**2,565,610**
EXPENSES				
Employee expenses	3,9	1,644,811	1,743,099	1,759,409
Supplies and services		666,195	659,316	686,367
Grants and subsidies	4,10	70	1,248	846
Depreciation and amortisation		85,700	84,251	87,475
Finance/borrowing costs		..	..	..
Other expenses	5	9,470	29,651	29,803
Losses on sale/revaluation of assets		1,960	1,709	1,710
Total expenses		**2,408,206**	**2,519,274**	**2,565,610**
OPERATING SURPLUS/(DEFICIT)	**6,11**	**..**	**(16,496)**	**..**

Balance sheet

Metro South Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CURRENT ASSETS				
Cash assets	12	68,913	45,387	47,184
Receivables	13	53,991	63,920	64,786
Other financial assets		..	..	..
Inventories		15,502	15,879	16,024
Other		3,825	4,064	4,204
Non-financial assets held for sale		..	..	..
Total current assets		**142,231**	**129,250**	**132,198**
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment		1,286,772	1,263,627	1,335,934
Intangibles		882	953	662
Other		..	..	..
Total non-current assets		**1,287,654**	**1,264,580**	**1,336,596**
TOTAL ASSETS		**1,429,885**	**1,393,830**	**1,468,794**
CURRENT LIABILITIES				
Payables		75,323	72,112	72,105
Accrued employee benefits	14	73,224	72,587	84,840
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total current liabilities		**148,547**	**144,699**	**156,945**
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		**..**	**..**	**..**
TOTAL LIABILITIES		**148,547**	**144,699**	**156,945**
NET ASSETS/(LIABILITIES)		**1,281,338**	**1,249,131**	**1,311,849**
EQUITY				
TOTAL EQUITY	15	**1,281,338**	**1,249,131**	**1,311,849**

Cash flow statement

Metro South Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
User charges and fees		2,377,480	2,439,422	2,511,253
Grants and other contributions		29,415	42,449	35,116
Interest and distribution from managed funds received		798	35	80
Taxes		..	..	..
Other		33,083	31,933	31,143
Outflows:				
Employee costs		(1,637,999)	(1,736,287)	(1,747,156)
Supplies and services		(696,594)	(689,464)	(716,516)
Grants and subsidies		(70)	(1,248)	(846)
Borrowing costs		..	..	..
Other		(14,166)	(14,472)	(13,911)
Net cash provided by or used in operating activities		**91,947**	**72,368**	**99,163**
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of non-financial assets		..	10,000	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
Outflows:				
Payments for non-financial assets		(13,305)	(18,636)	(37,718)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by or used in investing activities		**(13,305)**	**(8,636)**	**(37,718)**
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		17,089	23,988	27,827
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		(82,257)	(84,251)	(87,475)
Net cash provided by or used in financing activities		**(65,168)**	**(60,263)**	**(59,648)**
Net increase/(decrease) in cash held		**13,474**	**3,469**	**1,797**
Cash at the beginning of financial year		**55,439**	**41,918**	**45,387**
Cash transfers from restructure		..	..	..
Cash at the end of financial year		**68,913**	**45,387**	**47,184**

Explanation of variances in the financial statements

Income statement

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

1. The increase relates to the recognition of revenue for services provided at a cost below fair value by the Department of Health (the department) and additional revenue from the Department of Community Services (DCS) for the Community Aids, Equipment and Assistive Technologies Initiative (CAEATI) and Vehicle Options Subsidy Scheme (VOSS).
2. The decrease is due to a reduction in cost recovery revenue.
3. The increase is attributed to the labour costs of additional frontline staff required to service the growth in demand for healthcare services and the remaining variance is the realignment between account categories from when the 2018-19 budget was prepared.
4. The increase is the outcome of new grant agreements with external entities.
5. The increase relates to the recognition of services provided at a cost below fair value by the department.
6. The operating deficit relates to additional costs to meet increased service demand and to reduce waiting lists.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

7. The decrease is due to the unfinalised funding arrangements with the DCS for CAEATI and VOSS grant revenue.
8. The decrease is due to a reduction in cost recovery revenue.
9. The increase relates to additional funding provided through the Service Agreement, relating to increased activity from general growth and to increase acute and sub-acute bed capacity, plus funding for initiatives such as nurse navigators, frail older persons and advancing kidney care.
10. The decrease is due to the unfinalised funding arrangements with the external entities.
11. The increase reflects the return to a balanced operating position.

Balance sheet

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

12. The decrease is primarily due to lower cash position at the beginning of the financial year predominantly due to the operating deficit offset by increase in cash position due to sale of property during 2018-19 in support of the Cross River Rail project.
13. The increase is due to additional funding payable from the department as a result of end of financial year technical adjustments.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

14. The increase is due to additional end of year accrual days for salaries and wages.
15. The increase relates to favourable asset revaluation movements as a result of the annual asset revaluation program, along with the transfer of commissioned assets from the department.

North West Hospital and Health Service

Overview

The North West Hospital and Health Service (HHS) is an independent statutory body overseen by a local Hospital and Health Board. We are responsible for the delivery of public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, oral health, mental health, critical care and clinical support services to a population of around 28,000 people residing in a geographical area of 300,000 square kilometres within North West Queensland and the Gulf of Carpentaria. Mount Isa Hospital is the main referral centre.

The North West HHS aims to be Queensland's leading HHS delivering excellence in remote healthcare to our patients and their families. Our purpose is to embrace change, to forge close partnerships and to work closely with our communities to improve the health of people across North West Queensland.

The North West HHS is responsible for the direct management of the facilities within the HHS's geographical boundaries: Mount Isa Hospital, Burketown Primary Health Clinic, Camooweal Primary Health Clinic, Cloncurry Multi-Purpose Health Service, Dajarra Primary Health Clinic, Doomadgee Hospital and Community Health Centre, Karumba Primary Health Clinic, McKinlay Shire Multi-Purpose Health Service, McKinlay Primary Health Clinic, Mornington Island Hospital and Aboriginal Community Health Centre, Normanton Hospital, and Urandangi Health Clinic.

As the provider of services to a diverse population, dispersed across the wide geographic area of North West Queensland, challenges for the delivery of equitable and timely health care include ageing infrastructure, higher costs associated with remote health care and difficulties attracting and retaining a skilled and culturally appropriate workforce, along with a high and increasing burden of socioeconomic disadvantage, disease and significant growth in the ageing population.

The North West HHS contributes to the directions outlined in *My health, Queensland's future: Advancing health 2026* including supporting disadvantaged Queenslanders. The North West HHS contributes to the Government's objectives for the community *Our Future State: Advancing Queensland's Priorities* to Give all our children a great start and Keep Queenslanders healthy by working in partnership to improve population health outcomes by shifting the focus to primary health care and promotion/prevention initiatives.

Key priorities for the North West HHS during 2019-20 are therefore focused on: reducing potentially preventable hospitalisations to lessen the burden of disease in the North West; improving Indigenous health outcomes; and, building on the repatriation of renal services from Townsville HHS, ensuring that where possible there are increased clinically safe services closer to home.

Service summary

The North West HHS has an operating budget of $191 million for 2019-20 which is an increase of $9.1 million from the published 2018-19 operating budget of $182 million.

This will enable the North West HHS to continue to build on significant investment over previous years and continue to further improve services for the communities of North West Queensland. This includes the successful implementation of the tri-partite *Lower Gulf Strategy*, in partnership with Gidgee Healing and the Western Queensland Primary Health Network, which is delivering significant reductions of presentations by Category 4 and 5 patients at the Emergency Departments of Doomadgee, Normanton and Mornington Island Hospitals, and a subsequent increase in patients being seen by Gidgee Healing General Practitioners.

During the course of 2018-19, and in consultation with staff and communities across the region, a scheduled refresh of the North West HHS health service plan and strategic masterplan was also undertaken to address the high burden of disease, identify service gaps, support a healthy community on country and generate greater patient engagement in the delivery of care.

Shaped by these engagement activities, new initiatives to be initiated during 2019-20 include:

- North West HHS will begin the journey to implement a North West HHS *Aboriginal and Torres Strait Islander Employment Strategy* that aims to increase our Aboriginal and Torres Strait Islander workforce from 10 percent to 26 percent of our workforce, becoming more reflective of the North West Indigenous community
- enhancing capacity for the delivery of specialist services to reduce the travel requirements for patients, with either care provided at North West HHS facilities or supported treatment via tele-health for a range of conditions including Gastroenterology Urology, Orthopaedics and Vascular, and outpatient and investigation support for Cardiac services

- improving cardiac services by introducing a new Service Level Agreement with Townsville HHS to provide outpatient and investigation support
- greater engagement of our consumers in their own health and a decrease in the three top negative health statistics for the region: smoking, obesity, and risky drinking
- consulting with the remote communities of Doomadgee, Normanton and Mornington Island, North West HHS will further expand dialysis services to provide renal services closer to home
- further collaboration with Mount Isa GPs to deliver an Emergency Department Primary Healthcare Transition Project, building capacity and a heightened understanding of GP services amongst the community, thereby allowing the Mount Isa Hospital Emergency Department to focus on appropriate acute care presentations.

Service Performance

North West Hospital and Health Service

Service Area Objective

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

Service Area 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, allied health, oral health, pharmacy, child and maternal health services, critical care and clinical support services.

Staffing[1,2,3]

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
782	780	781

Notes:

1. The 2018-19 Budget reflects the forecast full-time equivalents (FTEs) as at 30 June 2019 published in the 2018-19 *Service Delivery Statement* and based on funding provided in the initial 2018-19 Service Agreement.
2. The 2018-19 Estimated Actual reflects the estimated FTEs as at 30 June 2019.
3. The 2019-20 Budget represents the forecast FTEs as at 30 June 2020, based on the initial 2019-20 Service Agreement. FTEs are likely to increase as additional funding is provided throughout the year via the in-year Service Agreement amendment process.

North West Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Service Standards *Effectiveness measures* Percentage of emergency department patients seen within recommended timeframes[1]			
● Category 1 (within 2 minutes)	100%	97%	100%
● Category 2 (within 10 minutes)	80%	95%	80%
● Category 3 (within 30 minutes)	75%	86%	75%
● Category 4 (within 60 minutes)	70%	85%	70%
● Category 5 (within 120 minutes)	70%	97%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department[2]	>80%	88%	>80%
Percentage of elective surgery patients treated within clinically recommended times[3]			
● Category 1 (30 days)	>98%	100%	>98%
● Category 2 (90 days)	>95%	100%	>95%
● Category 3 (365 days)	>95%	100%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days[4]	<2	1.0	<2
Percentage of specialist outpatients waiting within clinically recommended times[5]			
● Category 1 (30 days)	98%	94%	98%
● Category 2 (90 days)	95%	100%	95%
● Category 3 (365 days)	95%	100%	95%
Percentage of specialist outpatients seen within clinically recommended times[6]			
● Category 1 (30 days)	98%	98%	98%
● Category 2 (90 days)	95%	99%	95%
● Category 3 (365 days)	95%	100%	95%
Median wait time for treatment in emergency departments (minutes)[7]	..	10	..
Median wait time for elective surgery treatment (days)[8]	..	28	..
Efficiency measure Average cost per weighted activity unit for Activity Based Funding facilities[9]	$5,299	$5,723	$5,107
Other measures Number of elective surgery patients treated within clinically recommended times[10]			

North West Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
● Category 1 (30 days)	225	204	230
● Category 2 (90 days)	232	255	253
● Category 3 (365 days)	165	296	231
Number of Telehealth outpatient service events[11]	5,400	5,287	5,579
Total weighted activity units (WAUs)[12]			
● Acute Inpatient	9,425	10,492	11,059
● Outpatients	4,441	2,818	3,023
● Sub-acute	665	862	881
● Emergency Department	6,832	5,440	5,534
● Mental Health	364	344	346
● Prevention and Primary Care	350	361	350
Ambulatory mental health service contact duration (hours)[13]	>8,133	6,924	>7,591

Notes:

1. This is a measure of the access and timeliness of Emergency Department (ED) services. It reports the percentage of patients treated within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019.
2. This is a measure of access and timeliness of ED services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, over 70 more patients received elective surgery this year than last year and over 70 more patients received their surgery within clinically recommended time compared to the same period in the prior year.
4. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. Staphylococcus aureus are bacteria commonly found on around 30 per cent of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly so when they infect the bloodstream. The data reported for this service standard are for bloodstream infections with Staphylococcus aureus (including methicillin resistant Staphylococcus aureus) and are reported as a rate of infection per 10,000 patient days. The Target/Estimate for this measure aligns with the national benchmark of 2 cases per 10,000 acute public hospital patient days.
5. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. The figures provided include both Ready for Care and Not Ready for Care patients. Estimated Actuals for 2018-19 are as at 1 May 2019. The outreach specialist medical workforce in rural and remote impacts access to specialist outpatient appointments.
6. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019.
7. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. 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. From 1 July to 30 April 2019, over 500 more Category 1, 2 and 3 patients were seen within clinically recommended time compared to the same period in the prior year
8. This is a measure of effectiveness that reports on the number of days within which half of all patients received elective surgery. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
9. Activity Based Funding (ABF) defines public hospital activity in terms of a single measure called a Weighted Activity Unit (WAU). A WAU provides a common unit of comparison so that all activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency

department, outpatient services, sub-acute care and mental health). The average cost per WAU represents the average cost per unit of activity for all activity types. Cost per WAU excludes Prevention and Primary Care, Specified Grants, Clinical Education and Training, Public Private Partnerships and Pharmaceutical Benefit Scheme. The 2018-19 Target/Estimate is based on 2018-19 ABF funding per WAU. The 2018-19 Estimated Actual is based on 1 July 2018 to 31 March 2019 ABF cost per WAU. Variance to the target is related to higher costs associated with repatriation of services (i.e. providing care close to home). The 2019-20 Target/Estimate is based on 2019-20 ABF funding per WAU.

10. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April 2019 and then forecast to 30 June 2019.

11. This measure tracks the growth in non-admitted patient telehealth service events. Telehealth service events enable timely access to contemporary specialist services for patients from regional, rural and remote communities, and support a reduction in waiting times and costs associated with patient travel. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 31 March 2019 and are annualised to derive an estimate for full financial year.

12. A Weighted Activity Unit (WAU) provides a common unit of comparison so that all public hospital activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care, mental health and prevention and primary care). Estimated Actuals for 2018-19 are based on 2018-19 service agreements as updated in amendment window three in April 2019 to incorporate HHSs' activity forecasts. 2019-20 Target/Estimates are based on the 2019-20 purchased activity. The 2018-19 Target/Estimate is the reported target in the 2018-19 Service Delivery Statement updated to the Q21 Phase of the ABF model which underpins the 2018-19 and 2019-20 service agreements. The service agreement service stream 'Total WAUs – Interventions and procedures' has been reallocated between 'Total WAUs – Acute Inpatient Care' and 'Total WAUs – Outpatient Care' based on Inpatient vs Outpatient proportions. 'Total WAUs – Prevention and Primary Care' is comprised of BreastScreen and Dental WAUs.

13. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor, weighted for locality and may be reduced from previous years due to movement in reported available clinician hours. This methodology results in a stretch performance target for many services, and it is not expected that all services will necessarily meet the target every year.

Income statement

North West Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
INCOME				
Taxes		..	..	..
User charges and fees	1,7	178,827	182,134	187,248
Grants and other contributions	2,8	2,277	3,577	2,907
Interest and distributions from managed funds		1	1	1
Other revenue	3,9	883	3,104	884
Gains on sale/revaluation of assets		..	..	..
Total income		**181,988**	**188,816**	**191,040**
EXPENSES				
Employee expenses		98,453	100,712	102,558
Supplies and services	4	72,016	76,734	77,196
Grants and subsidies		413	413	353
Depreciation and amortisation	5,10	9,894	8,145	8,595
Finance/borrowing costs		..	..	..
Other expenses	6,11	879	2,479	2,052
Losses on sale/revaluation of assets		333	333	286
Total expenses		**181,988**	**188,816**	**191,040**
OPERATING SURPLUS/(DEFICIT)		**..**	**..**	**..**

Balance sheet

North West Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CURRENT ASSETS				
Cash assets		5,087	5,125	4,300
Receivables	12	3,231	1,949	1,951
Other financial assets		..	..	..
Inventories		1,052	990	1,017
Other	13	111	1,328	1,327
Non-financial assets held for sale		..	..	..
Total current assets		**9,481**	**9,392**	**8,595**
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment	14,18	144,415	125,430	137,260
Intangibles		..	..	..
Other		..	..	..
Total non-current assets		**144,415**	**125,430**	**137,260**
TOTAL ASSETS		**153,896**	**134,822**	**145,855**
CURRENT LIABILITIES				
Payables	15,19	7,015	8,153	7,153
Accrued employee benefits	16,20	4,065	4,223	4,426
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	148	148
Total current liabilities		**11,080**	**12,524**	**11,727**
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		**..**	**..**	**..**
TOTAL LIABILITIES		**11,080**	**12,524**	**11,727**
NET ASSETS/(LIABILITIES)		**142,816**	**122,298**	**134,128**
EQUITY				
TOTAL EQUITY	17,21	**142,816**	**122,298**	**134,128**

Cash flow statement

North West Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
User charges and fees		178,940	183,047	187,010
Grants and other contributions		2,277	2,277	1,607
Interest and distribution from managed funds received		1	1	1
Taxes		..	..	..
Other		5,114	7,335	5,115
Outflows:				
Employee costs		(98,254)	(100,513)	(102,355)
Supplies and services		(77,329)	(82,047)	(82,502)
Grants and subsidies		(413)	(413)	(353)
Borrowing costs		..	..	..
Other		(879)	(1,179)	(752)
Net cash provided by or used in operating activities		**9,457**	**8,508**	**7,771**
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of non-financial assets		..	..	(1)
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
Outflows:				
Payments for non-financial assets		(1,393)	(5,832)	(1,461)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by or used in investing activities		**(1,393)**	**(5,832)**	**(1,462)**
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		1,393	2,944	1,461
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		(9,930)	(8,145)	(8,595)
Net cash provided by or used in financing activities		**(8,537)**	**(5,201)**	**(7,134)**
Net increase/(decrease) in cash held		**(473)**	**(2,525)**	**(825)**
Cash at the beginning of financial year		**5,560**	**7,650**	**5,125**
Cash transfers from restructure		..	..	..
Cash at the end of financial year		**5,087**	**5,125**	**4,300**

Explanation of variances in the financial statements

Income statement

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

1. The increase relates to additional funding provided through amendments to the Service Agreement with the Department of Health (the department) for the delivery of increased public hospital and health services and higher Pharmaceutical Benefit Scheme reimbursements.
2. The increase relates to additional grant revenue from the Primary Health Network for the Emergency Primary Care Transition and the recognition of revenue for services provided at a cost below fair value by the department.
3. The increase is due to an insurance recovery for a roof repair.
4. The overall increase reflects growth in demand for healthcare services and activity. Additional expenses include pathology, drugs, motor vehicle hire, external agency fees and operating leases.
5. The decrease relates to the componentisation of assets, along with the change in the expected commissioning date of the McKinlay Multi-Purpose Health Centre (MPHC).
6. The increase relates to higher legal fees and the recognition of expenditure for services provided at a cost below fair value by the department.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

7. The increase relates to additional funding provided through the Service Agreement with the department for increased service activity, additional block funded services, enterprise bargaining and depreciation.
8. The decrease is due to the transition of community health services to Gidgee Healing, resulting in a reduction to Medicare revenue.
9. The decrease is due to the one-off transaction relating to an insurance recovery in the prior year.
10. The increase relates to a review of the useful lives of non-current assets and software, along with the commissioning of the McKinlay MPHC.
11. The decrease relates to the anticipated reduction in legal fees and the provision for bad debts with improved collection processes.

Balance sheet

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

12. The decrease relates to the timing of invoicing at the end of the financial year and improved cash collection.
13. The increase relates to prepayments for pending minor works and the prepayment of contributions to the Lead Alliance.
14. The decrease relates to changes in the expected commissioning dates of some capital projects.
15. The increase is due to the timing of payments to suppliers.
16. The increase is due to additional end of year accrual days for salaries and wages.
17. The decrease relates to the delay in commissioning of assets to be transferred from the department.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

18. The increase relates to the commissioning of non-current assets, including the McKinlay MPHC and as a result of the annual asset revaluation program.
19. The decrease is due to the timing of payments to suppliers.
20. The increase is due to additional end of year accrual days for salaries and wages.
21. The increase relates to the transfer of commissioned assets from the department.

South West Hospital and Health Service

Overview

The South West Hospital and Health Service (HHS) performs a key role in the delivery of quality public health services in South West Queensland. We work in partnership with our staff, local communities and key stakeholders to plan and deliver services that matter most to the people and communities we serve.

Delivering person centred care to over 26,000 people who live in our catchment area and rely on the quality health care that our approximately 800 committed employees provide, we are responsible for the delivery of medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, critical care and clinical support services in an area spanning over 319,000 square kilometres.

South West HHS's vision is to be a national leader in the delivery of health to rural and remote communities and we are reshaping the delivery of healthcare with a focus on better health. The HHS contributes to the Government's objectives for the community *Our Future State: Advancing Queensland's Priorities*:

- Keep Queenslanders healthy by focussing equally on acute care and keeping people healthy
- Give all our children a great start by delivering a Universal Child Health Service, so that no child is left behind.

South West HHS supports the directions outlined in *My health, Queensland's future: Advancing health 2026* by continually enhancing health care delivery through co-design with patients and our communities, and collaborating with government agencies, service providers and the community with the common purpose of improving the health and wellbeing of South West Queenslanders.

The key challenges for South West HHS include the need for a more sustainable and efficient way of delivering health services due to the demographics and geographical spread of the region's population, the current decline in the population's health outcomes, and infrastructure constraints.

In 2019-20 the South West HHS will continue to employ the following strategic initiatives:

- individual outcomes – a healthy start to life and lifestyle choices
- local community outcomes – the places and communities people live in
- population outcomes – the wider determinants of health of the population
- whole-of-system outcomes – how the system works together across health and social care agencies, and other industries.

The South West HHS is committed to a healthier future for South West Queenslanders.

Service summary

The South West HHS has an operating budget of $153.7 million for 2019-20 which is an increase of $3.8 million from the published 2018-19 operating budget of $149.9 million.

Key priorities for 2019-20 include:

- continuation of the new Roma Hospital redevelopment and preparation for transition
- closing the gap on health outcomes for local Indigenous communities
- empowering our communities to be self-determining and lead healthier choices in the communities they live in
- strengthening the alliance with key stakeholders to improve health outcomes for South West communities
- implementing an integrated health system through strategic partnerships with the primary health care sector
- investing in technology and connectedness that supports innovation and personalised care
- empowering our people to be healthier and the best they can be through a strong culture of continuous learning and support, by:
    - the development of a Reward and Recognition Framework
    - the launch of a Professional Growth and Career Framework
    - implementing a Resilience and Wellbeing Program
    - establishing a Research Governance and Development Unit.

Service performance

South West Hospital and Health Service

Service Area Objective

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

Service Area 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.

Staffing[1,2,3,4,5]

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
819	794	816

Notes:

1. The 2018-19 Budget reflects the forecast full-time equivalents (FTEs) as at 30 June 2019 published in the 2018-19 *Service Delivery Statement* and based on funding provided in the initial 2018-19 Service Agreement.
2. The 2018-19 Estimated Actual reflects the estimated FTEs as at 30 June 2019.
3. The 2019-20 Budget represents the forecast FTEs as at 30 June 2020, based on the initial 2019-20 Service Agreement. FTEs are likely to increase as additional funding is provided throughout the year via the in-year Service Agreement amendment process.
4. The decrease in FTE between 2018-19 Budget and 2018-19 Estimated Actual relates to the impact of external agency nurses filling critical frontline vacant positions.
5. The increase between the 2018-19 Estimated Actual and 2019-20 Budget relates to the filling of critical vacant positions with permanent employees and reduction in the use of nursing agency staff in 2019-20. It includes additional temporary programs provided in the initial 2019-20 Service Agreement.

South West Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Service Standards *Effectiveness measures* Percentage of emergency department patients seen within recommended timeframes[1]			
● Category 1 (within 2 minutes)	100%	99%	100%
● Category 2 (within 10 minutes)	80%	99%	80%
● Category 3 (within 30 minutes)	75%	98%	75%
● Category 4 (within 60 minutes)	70%	98%	70%
● Category 5 (within 120 minutes)	70%	100%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department[2]	>80%	96%	>80%
Percentage of elective surgery patients treated within clinically recommended times[3]			
● Category 1 (30 days)	>98%	93%	>98%
● Category 2 (90 days)	>95%	99%	>95%
● Category 3 (365 days)	>95%	100%	>95%

South West Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Median wait time for treatment in emergency departments (minutes)[4]	..	1	..
Median wait time for elective surgery treatment (days)[5]	..	53	..
Efficiency measure[6]			
Other measures Number of elective surgery patients treated within clinically recommended times[7]			
● Category 1 (30 days)	182	194	200
● Category 2 (90 days)	248	225	253
● Category 3 (365 days)	786	606	802
Number of Telehealth outpatient service events[8]	3,120	3,048	3,287
Total weighted activity units (WAUs)[9]			
● Acute Inpatient	5,731	5,970	5,909
● Outpatients	1,844	1,510	1,499
● Sub-acute	763	969	966
● Emergency Department	3,659	3,539	3,528
● Mental Health	165	182	181
● Prevention and Primary Care	512	0	0
Ambulatory mental health service contact duration (hours)[10]	>5,410	4,958	>5,410

Notes:

1. This is a measure of the access and timeliness of Emergency Department (ED) services. It reports the percentage of patients treated within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019.
2. This is a measure of access and timeliness of ED services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. Availability of outreach surgical workforce impacts access to elective surgery.
4. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. 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. This is a measure of effectiveness that reports on the number of days within which half of all patients received elective surgery. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
6. An efficiency measure is being investigated for this service area and will be included in a future Service Delivery Statement.
7. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April 2019 and then forecast to 30 June 2019.
8. This measure tracks the growth in non-admitted patient telehealth service events. Telehealth service events enable timely access to contemporary specialist services for patients from regional, rural and remote communities, and support a reduction in waiting

times and costs associated with patient travel. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 31 March 2019 and are annualised to derive an estimate for full financial year.

9. A Weighted Activity Unit (WAU) provides a common unit of comparison so that all public hospital activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care, mental health and prevention and primary care). Estimated Actuals for 2018-19 are based on 2018-19 service agreements as updated in amendment window three in April 2019 to incorporate HHSs' activity forecasts. 2019-20 Target/Estimates are based on the 2019-20 purchased activity. The 2018-19 Target/Estimate is the reported target in the 2018-19 Service Delivery Statement updated to the Q21 Phase of the ABF model which underpins the 2018-19 and 2019-20 service agreements. The service agreement service stream 'Total WAUs – Interventions and procedures' has been reallocated between 'Total WAUs – Acute Inpatient Care' and 'Total WAUs – Outpatient Care' based on Inpatient vs Outpatient proportions. 'Total WAUs – Prevention and Primary Care' is comprised of BreastScreen and Dental WAUs. For 2018-19 Estimated Actuals the activity for Prevention and Primary Care was reported in an alternative setting. The 2019-20 funding and associated activity has also been reported in an alternative setting.

10. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor, weighted for locality and may be reduced from previous years due to movement in reported available clinician hours. This methodology results in a stretch performance target for many services, and it is not expected that all services will necessarily meet the target every year.

Income statement

South West Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
INCOME				
User charges and fees	1	142,927	146,333	146,485
Grants and other contributions		6,573	6,904	6,904
Interest and distributions from managed funds		..	20	20
Other revenue	6	359	343	290
Gains on sale/revaluation of assets		..	..	..
Total income		**149,859**	**153,600**	**153,699**
EXPENSES				
Employee expenses	2	9,388	10,988	11,150
Supplies and Services:				
Other supplies and services	3	52,171	50,401	51,108
Department of Health contract staff	4,7	80,282	82,782	81,011
Grants and subsidies		..	..	..
Depreciation and amortisation	5,8	6,640	8,051	9,785
Finance/borrowing costs		..	..	..
Other expenses	9	1,308	1,308	575
Losses on sale/revaluation of assets		70	70	70
Total expenses		**149,859**	**153,600**	**153,699**
OPERATING SURPLUS/(DEFICIT)		**..**	**..**	**..**

Balance sheet

South West Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CURRENT ASSETS				
Cash assets	10	15,938	12,832	12,576
Receivables	11	2,603	2,837	2,877
Other financial assets		..	..	..
Inventories	12	751	964	968
Other		39	37	39
Non-financial assets held for sale		..	..	..
Total current assets		**19,331**	**16,670**	**16,460**
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment	13,16	89,224	155,864	241,483
Intangibles		..	79	56
Other		..	..	..
Total non-current assets		**89,224**	**155,943**	**241,539**
TOTAL ASSETS		**108,555**	**172,613**	**257,999**
CURRENT LIABILITIES				
Payables		10,882	11,018	11,558
Accrued employee benefits	14	256	340	340
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		200	..	..
Total current liabilities		**11,338**	**11,358**	**11,898**
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		**..**	**..**	**..**
TOTAL LIABILITIES		**11,338**	**11,358**	**11,898**
NET ASSETS/(LIABILITIES)		**97,217**	**161,255**	**246,101**
EQUITY				
TOTAL EQUITY	15,17	**97,217**	**161,255**	**246,101**

Cash flow statement

South West Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
User charges and fees		142,863	145,941	146,421
Grants and other contributions		6,573	6,904	6,904
Interest and distribution from managed funds received		..	20	20
Other		5,054	5,038	4,985
Outflows:				
Employee costs		(9,388)	(10,988)	(11,150)
Supplies and services		(136,952)	(137,630)	(136,566)
Grants and subsidies		..	..	..
Borrowing costs		..	..	..
Other		(1,308)	(1,068)	(335)
Net cash provided by or used in operating activities		**6,842**	**8,217**	**10,279**
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of non-financial assets		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
Outflows:				
Payments for non-financial assets		(1,762)	(5,380)	(2,158)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by or used in investing activities		**(1,762)**	**(5,380)**	**(2,158)**
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		1,762	2,257	1,408
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		(6,640)	(8,051)	(9,785)
Net cash provided by or used in financing activities		**(4,878)**	**(5,794)**	**(8,377)**
Net increase/(decrease) in cash held		**202**	**(2,957)**	**(256)**
Cash at the beginning of financial year		**15,736**	**15,789**	**12,832**
Cash transfers from restructure		..	..	..
Cash at the end of financial year		**15,938**	**12,832**	**12,576**

Explanation of variances in the financial statements

Income statement

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

1. The increase relates to additional funding provided through amendments to the Service Agreement with the Department of Health (the department) for the delivery of increased public hospital and health services.
2. The increase relates to recruitment of vacant Senior Medical Officer positions (frontline staff) required to provide critical healthcare services in rural and remote locations.
3. The decrease reflects reduced expenditure in high cost drug medication offset by additional expenses in pathology and information and communication technology levies, which has reduced the impact of the drug decrease.
4. The increase relates to recruitment of frontline staff to fill critical vacancies, along with annual enterprise bargaining increments.
5. The increase relates to a review of the useful lives of non-current assets, along with assets that were commissioned throughout the year.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

6. The decrease reflects lower projections for external recoveries and incidental revenues.
7. The decrease relates to a reduction of temporary staff employed to deliver programs which ceased in 2018-19.
8. The increase relates to a review of the useful lives of non-current assets, along with assets to be commissioned in 2019-20.
9. The decrease reflects the reduction of incidental operating expenses.

Balance sheet

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

10. The decrease is primarily due to investment in capital projects funded through retained cash.
11. The increase is due to additional funding payable from the department as a result of end of financial year technical adjustments.
12. The increase reflects additional inventory stock on hand.
13. The increase relates to the commissioning of non-current assets under the Priority Capital Program, Health Technology Equipment Replacement program, capital projects funded through retained cash and as a result of the annual asset revaluation program.
14. The increase is due to additional end of year accrual days for salaries and wages.
15. The increase relates to favourable asset revaluation movements as a result of the annual asset revaluation program, along with the transfer of commissioned assets funded by the department.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

16. The increase relates to the commissioning of non-current assets, including Roma Hospital redevelopment.
17. The increase relates to the transfer of commissioned assets funded by the department.

Sunshine Coast Hospital and Health Service

Overview

Sunshine Coast Hospital and Health Service (HHS) is the major provider of public health services, health education and research in the Sunshine Coast, Gympie and Noosa local government areas. Established in 2012, the health service is an independent statutory body governed by the Sunshine Coast Hospital and Health Board.

The Sunshine Coast HHS covers approximately 10,020 square kilometres, stretching to Gympie at its northern boundary, south to Caloundra and out to Kilkivan in the west. The Sunshine Coast HHS operates the following facilities:

- Sunshine Coast University Hospital
- Nambour General Hospital
- Gympie Hospital
- Caloundra Health Service
- Maleny Soldiers Memorial Hospital
- Glenbrook Residential Aged Care Facility
- Maroochydore Community Hub

Public patients also have access to care at the private Noosa Hospital.

The Sunshine Coast HHS provides a comprehensive range of other clinical services including public health, community health, oral health, mental health and residential aged care across a diverse range of settings from rural, regional to tertiary settings. The HHS is committed to delivering responsive health services to Aboriginal and Torres Strait Islander peoples to 'close the gap'.

The Sunshine Coast HHS is a dynamic health service provider that operates in an environment where quality patient care is paramount. Our vision, as a health service, is to provide health and wellbeing through exceptional care. Our purpose is to provide high quality health care in collaboration with our communities and partners enhanced through education and research.

The Sunshine Coast HHS's strategic objectives are:

- improving everyone's experience of healthcare throughout our health service
- optimising the health outcomes of our community through collaboration and education
- delivering sustainable, safe and high value services driven by continuous improvement, research and education.

The Sunshine Coast HHS's strategic objectives contribute to the Government's objectives for the community *Our Future State: Advancing Queensland's Priorities*:

- Keep Queenslanders Healthy by:
    - developing and implementing a comprehensive regional Mental Health and Suicide Prevention Plan, including the introduction of the 'Zero Suicide Collaborative'
    - implementing the 'Living well with Chronic Conditions' initiatives and the Healthy Ageing and a Good End to Life initiatives in collaboration and partnership with the region's Primary Health Network
    - the Sunshine Coast HHS multidisciplinary healthy lifestyle program which works with families to reduce obesity in children
    - the Aboriginal and Torres Strait Islander Health and Fitness program developed and facilitated by an exercise physiologist, which aims to improve the health of Aboriginal and Torres Strait Islander consumers, to prevent further hospitalisations and lower the risk of chronic disease
    - the statewide healthier food and drinks strategy implementation across all Sunshine Coast HHS owned facilities
    - the Sunshine Coast HHS Employee Wellbeing Strategy 2019 which aims to empower and support employees to adopt and maintain healthy lifestyle choices.
- Give all our children a great start by:
    - developing a Sunshine Coast HHS Children Service Plan
    - implementing the Sunshine Coast HHS Immunisation Strategy which focuses on increasing childhood immunisation rates through the catch-up schedules, home visiting immunisation project, the Jabba Jabba program and improving data quality
    - building capacity of child health nurses to support healthy eating in early childhood education and care settings
    - working in collaboration with the PHN in the 'Good start to Life" project

- developing and implementing the ‘First 1000 days project’
- the ongoing implementation of the Family Care program which is an intensive home visiting program that focuses on providing support during the antenatal and early post-natal stages, where there are financial problems, domestic violence, depression and / or other child protection issues
- the introduction of the Paediatric Nurse Navigators.

The health service also seeks to exemplify delivery of the directions outlined in *My health, Queensland's future: Advancing health 2026* through:

- promoting wellbeing
- delivering healthcare
- connecting healthcare
- pursuing innovation.

The health service is expanding its teaching and health research capability through the Sunshine Coast Health Institute. Significant strategic partnerships with universities, vocational education and industry ensure our research priorities translate to practice and ultimately improve health and care within our communities. In 2019, the new Sunshine Coast Griffith University Medical Program commenced, providing the medical workforce for our future.

The Sunshine Coast HHS’s most significant challenge is meeting service demands associated with its rapidly growing and ageing population. The growth of services at Sunshine Coast University Hospital, redevelopment of Nambour General Hospital, and enhanced clinical services at Gympie Hospital will change the way services are delivered and increase the capacity across the health service. This presents Sunshine Coast HHS with an exciting opportunity to introduce contemporary and innovative models of care to meet the diverse health care needs of its community in a sustainable way.

During 2019, the Sunshine Coast HHS has seen the implementation of important digital health initiatives. In February 2019, the Sunshine Coast HHS successfully implemented the integrated electronic Medical Record (ieMR) at Sunshine Coast University Hospital. The ieMR was also successfully implemented at Nambour General Hospital in May 2019. Sunshine Coast University and Nambour General hospitals were the ninth and tenth (respectively) Queensland public hospitals to implement the statewide system.

The implementation at Sunshine Coast University Hospital was the largest “full stack” implementation of the ieMR system in the state. This was closely followed in April 2019 with the implementation of GP Smart Referral which facilitates the electronic transfer of referrals from General Practice to the Health Service.

Service summary

The Sunshine Coast HHS has an operating budget of $1.243 billion for 2019-20 which is an increase of $46.3 million from the published 2018-19 operating budget of $1.196 billion.

The Sunshine Coast HHS is continuing to plan for service growth at Sunshine Coast University Hospital in 2019-20. The development of a ten-year horizon Master Clinical Services Plan has been initiated as a blueprint for future service delivery and expansion with the aim of providing increased care in the Sunshine Coast rather than patients travelling to Brisbane. The introduction of expanded services is in line with the Queensland Government’s commitment to ensuring all Queenslanders have access to quality health services, closer to home.

In addition, Sunshine Coast HHS will continue with the $86.23 million redevelopment of Nambour General Hospital which will ensure the facility can meet the growing health needs of the Nambour and wider Sunshine Coast communities into the future. Construction is planned for completion by the end of 2022.

Service performance

Sunshine Coast Hospital and Health Service

Service Area Objective

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

Service Area 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.

Staffing[1,2,3,4]

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
6,400	6,000	6,007

Notes:

1. The 2018-19 Budget reflects the forecast full-time equivalents (FTEs) as at 30 June 2019 published in the 2018-19 *Service Delivery Statement*.
2. The 2018-19 Estimated Actual reflects the estimated FTEs as at 30 June 2019.
3. The 2019-20 Budget represents the forecast FTEs as at 30 June 2020, based on the initial 2019-20 Service Agreement. The 2019-20 FTE includes a small increase for temporary employees engaged for the construction of capital assets. The operating FTEs are likely to remain largely stable through the 2019-20 financial year with only minimal growth as the Sunshine Coast Hospital and Health Service focusses on productivity improvements.
4. The decrease in FTE between 2018-19 Budget and 2018-19 Estimated Actual relates to a revision of staffing requirements as part of the expansion of tertiary services at the Sunshine Coast University Hospital (SCUH) and the reduction of temporary staffing associated with the completion of stage two of the SCUH project.

Sunshine Coast Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Service Standards *Effectiveness measures* Percentage of emergency department patients seen within recommended timeframes[1]			
● Category 1 (within 2 minutes)	100%	98%	100%
● Category 2 (within 10 minutes)	80%	68%	80%
● Category 3 (within 30 minutes)	75%	61%	75%
● Category 4 (within 60 minutes)	70%	77%	70%
● Category 5 (within 120 minutes)	70%	97%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department[2]	>80%	73%	>80%
Percentage of elective surgery patients treated within clinically recommended times[3]			
● Category 1 (30 days)	>98%	87%	>98%
● Category 2 (90 days)	>95%	78%	>95%
● Category 3 (365 days)	>95%	86%	>95%

Sunshine Coast Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days[4]	<2	0.4	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit[5]	>65%	68.1%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge[6]	<12%	9.1%	<12%
Percentage of specialist outpatients waiting within clinically recommended times[7]			
● Category 1 (30 days)	80%	64%	80%
● Category 2 (90 days)	70%	43%	70%
● Category 3 (365 days)	90%	78%	90%
Percentage of specialist outpatients seen within clinically recommended times[8]			
● Category 1 (30 days)	82%	84%	82%
● Category 2 (90 days)	70%	58%	70%
● Category 3 (365 days)	90%	69%	90%
Median wait time for treatment in emergency departments (minutes)[9]	..	20	..
Median wait time for elective surgery treatment (days)[10]	..	43	..
Efficiency measure Average cost per weighted activity unit for Activity Based Funding facilities[11]	$5,327	$5,279	$5,306
Other measures Number of elective surgery patients treated within clinically recommended times[12]			
● Category 1 (30 days)	3,094	2,689	3,156
● Category 2 (90 days)	4,321	3,075	4,407
● Category 3 (365 days)	1,764	1,487	1,799
Number of Telehealth outpatient service events[13]	3,119	3,795	4,311
Total weighted activity units (WAUs)[14]			
● Acute Inpatient	98,231	103,404	107,833
● Outpatients	24,206	21,776	23,363
● Sub-acute	9,951	7,238	7,597
● Emergency Department	22,614	22,096	23,026
● Mental Health	10,600	10,689	11,036
● Prevention and Primary Care	4,394	5,081	4,339
Ambulatory mental health service contact duration (hours)[15]	>67,780	60,417	>64,184

Notes:

1. This is a measure of the access and timeliness of Emergency Department (ED) services. It reports the percentage of patients treated within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, the Sunshine Coast HHS publicly funded EDs saw more than 146,000 presentations, over 6,000 more than the prior year. Over 1,600 more patients were seen in time than for the same period the prior year. From 1 July 2018 to 30 April 2019, there have been improvements in the proportion of Category 1, 2 and 3 patients seen in time, with over 3,500 additional patients seen in time compared to the same period in the prior year.
2. This is a measure of access and timeliness of ED services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, over 5,000 more patients were 'seen and admitted or discharged within four hours' compared to the same period in the prior year.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, Sunshine Coast HHS's public hospitals treated over 7,100 patients off the elective surgery waiting list. The HHS maintained the treated in time performance rate compared to the same period in the prior year despite performing over 390 more emergency surgeries. Elective surgery volumes and performance were impacted by the implementation of the integrated electronic Medical Record (ieMR) at the Sunshine Coast University Hospital (SCUH) and increased volume of emergency surgery. To address the impact of this, the Sunshine Coast HHS has made alternative arrangements to provide more capacity for elective surgery in a number of specialties which is not included in the data.
4. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. Staphylococcus aureus are bacteria commonly found on around 30 per cent of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly so when they infect the bloodstream. The data reported for this service standard are for bloodstream infections with Staphylococcus aureus (including methicillin resistant Staphylococcus aureus) and are reported as a rate of infection per 10,000 patient days. The Target/Estimate for this measure aligns with the national benchmark of two cases per 10,000 acute public hospital patient days.
5. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 31 March 2019. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. However, increased pressure on community and inpatient mental health services has seen increases in readmission rates and this is negatively impacting the rate of community follow up.
6. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 28 February 2019. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. Queensland's rate of readmission has remained relatively stable over the past five years, however it has not yet reached the nationally recommended target.
7. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. The figures provided include both Ready for Care and Not Ready for Care patients. Estimated Actuals for 2018-19 are as at 1 May 2019.
8. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019.
9. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
10. This is a measure of effectiveness that reports on the number of days within which half of all patients received elective surgery. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category. From 1 July 2018 to 30 April 2019, over 390 more emergency surgeries were provided compared to the same period in the prior year. Elective surgery volumes and performance were impacted by the implementation of the ieMR at the SCUH. To ensure our patients continued to receive timely access to services, the Sunshine Coast HHS has made alternative arrangements to provide more capacity for elective surgery in a number of specialties which is not included in the data.
11. Activity Based Funding (ABF) defines public hospital activity in terms of a single measure called a Weighted Activity Unit (WAU). A WAU provides a common unit of comparison so that all activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care and mental health). The average cost per WAU represents the average cost per unit of activity for all activity types. Cost per WAU excludes Prevention and Primary Care, Specified Grants, Clinical Education and Training, Public Private Partnerships and Pharmaceutical Benefit Scheme. The 2018-19 Target/Estimate is based on 2018-19 ABF funding per WAU. The 2018-19 Estimated Actual is based on 1 July 2018 to 31 March 2019 ABF cost per WAU. The 2019-20 Target/Estimate is based on 2019-20 ABF funding per WAU.
12. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April 2019 and then forecast to 30 June 2019. Elective surgery volumes and performance were impacted by the planned reduction of scheduled elective surgery to achieve a safe implementation of the ieMR at the SCUH and increased volume of emergency surgery. To address the impact of this, the Sunshine Coast HHS

has made alternative arrangements to provide more capacity for elective surgery in a number of specialties which is not included in the data.

13. This measure tracks the growth in non-admitted patient telehealth service events. Telehealth service events enable timely access to contemporary specialist services for patients from regional, rural and remote communities, and support a reduction in waiting times and costs associated with patient travel. 2018-19 Estimated Actuals are based on the period 1 July 2018 to 31 March 2019 and are annualised to derive an estimate for full financial year.

14. A Weighted Activity Unit (WAU) provides a common unit of comparison so that all public hospital activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care, mental health and prevention and primary care). Estimated Actuals for 2018-19 are based on 2018-19 service agreements as updated in amendment window three in April 2019 to incorporate HHSs' activity forecasts. 2019-20 Target/Estimates are based on the 2019-20 purchased activity. The 2018-19 Target/Estimate is the reported target in the 2018-19 Service Delivery Statement updated to the Q21 Phase of the ABF model which underpins the 2018-19 and 2019-20 service agreements. The service agreement service stream 'Total WAUs – Interventions and procedures' has been reallocated between 'Total WAUs – Acute Inpatient Care' and 'Total WAUs – Outpatient Care' based on Inpatient vs Outpatient proportions. 'Total WAUs – Prevention and Primary Care' is comprised of BreastScreen and Dental WAUs. Variation between activity types compared to targets reflect the HHS' change in service delivery to meet community needs.

15. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor, weighted for locality and may be reduced from previous years due to movement in reported available clinician hours. This methodology results in a stretch performance target for many services, and it is not expected that all services will necessarily meet the target every year. The Sunshine Coast HHS' contact duration hours in 2018-19 have been impacted by a number of factors including preparation for the implementation of ieMR and the consolidation of mental health community services into a single hub.

Income statement

Sunshine Coast Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
INCOME				
Taxes		..	..	..
User charges and fees	1	1,177,929	1,212,639	1,213,041
Grants and other contributions	2	12,209	21,349	21,161
Interest and distributions from managed funds		88	130	95
Other revenue	3	6,016	8,590	8,232
Gains on sale/revaluation of assets		..	..	..
Total income		**1,196,242**	**1,242,708**	**1,242,529**
EXPENSES				
Employee expenses		778,881	792,771	811,348
Supplies and services	4,8	277,718	318,011	262,755
Grants and subsidies		55	79	79
Depreciation and amortisation	5	100,843	110,045	111,899
Finance/borrowing costs	9	27,188	28,319	41,537
Other expenses	6	10,419	14,541	13,920
Losses on sale/revaluation of assets		1,138	1,133	991
Total expenses		**1,196,242**	**1,264,899**	**1,242,529**
OPERATING SURPLUS/(DEFICIT)	**7,10**	**..**	**(22,191)**	**..**

Balance sheet

Sunshine Coast Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CURRENT ASSETS				
Cash assets	11	68,848	43,594	41,336
Receivables	12	18,903	24,676	25,157
Other financial assets		..	..	..
Inventories		5,302	5,222	5,353
Other	13	864	2,313	2,371
Non-financial assets held for sale		..	..	..
Total current assets		**93,917**	**75,805**	**74,217**
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment	14	1,819,833	2,025,803	2,041,370
Intangibles	15,18	28,916	11,903	8,860
Other		..	..	..
Total non-current assets		**1,848,749**	**2,037,706**	**2,050,230**
TOTAL ASSETS		**1,942,666**	**2,113,511**	**2,124,447**
CURRENT LIABILITIES				
Payables		59,090	59,039	60,909
Accrued employee benefits	16,19	35,707	41,821	47,857
Interest bearing liabilities and derivatives		7,827	8,298	8,941
Provisions		..	..	..
Other		3,764	4,357	4,228
Total current liabilities		**106,388**	**113,515**	**121,935**
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest bearing liabilities and derivatives		513,251	512,331	503,388
Provisions		..	..	..
Other	20	79,860	80,401	76,353
Total non-current liabilities		**593,111**	**592,732**	**579,741**
TOTAL LIABILITIES		**699,499**	**706,247**	**701,676**
NET ASSETS/(LIABILITIES)		**1,243,167**	**1,407,264**	**1,422,771**
EQUITY				
TOTAL EQUITY	17	**1,243,167**	**1,407,264**	**1,422,771**

Cash flow statement

Sunshine Coast Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
User charges and fees		1,173,479	1,221,107	1,214,091
Grants and other contributions		12,103	11,307	11,812
Interest and distribution from managed funds received		88	130	95
Taxes		..	..	..
Other		25,724	37,281	36,923
Outflows:				
Employee costs		(776,132)	(780,451)	(805,312)
Supplies and services		(296,492)	(360,821)	(290,492)
Grants and subsidies		(55)	(79)	(79)
Borrowing costs		(27,188)	(28,457)	(40,868)
Other		(10,983)	(11,713)	(11,092)
Net cash provided by or used in operating activities		**100,544**	**88,304**	**115,078**
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of non-financial assets		(258)	(137)	(120)
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
Outflows:				
Payments for non-financial assets		(25,831)	(21,773)	(13,307)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by or used in investing activities		**(26,089)**	**(21,910)**	**(13,427)**
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		13,354	16,441	16,290
Outflows:				
Borrowing redemptions		(7,209)	(7,657)	(8,300)
Finance lease payments		..	..	..
Equity withdrawals		(102,767)	(110,045)	(111,899)
Net cash provided by or used in financing activities		**(96,622)**	**(101,261)**	**(103,909)**
Net increase/(decrease) in cash held		**(22,167)**	**(34,867)**	**(2,258)**
Cash at the beginning of financial year		**91,015**	**78,461**	**43,594**
Cash transfers from restructure		..	..	..
Cash at the end of financial year		**68,848**	**43,594**	**41,336**

Explanation of variances in the financial statements

Income statement

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

1. The increase relates to additional funding provided through amendments to the Service Agreement with the Department of Health (the department) for increased services, including the Specialist Outpatients Strategy, the National Partnership Agreement (NPA) on dental services and the recruitment of additional midwives. Additional funding is provided for depreciation following the start-up of the Sunshine Coast University Hospital (SCUH) and enterprise bargaining (EB) agreements.
2. The increase relates to the recognition of revenue for services provided at a cost below fair value by the department.
3. The increase relates to additional revenue received for student placements and higher than expected reimbursements of shared costs under the joint operation of the Sunshine Coast Health Institute.
4. The increase relates to expenditure on information and communication technology (ICT), including software, equipment and the integrated electronic Medical Record system, outsourced dental, endoscopy and other services to private providers and increased costs of drugs, prosthetic appliances and the maintenance of buildings, plant and medical equipment.
5. The increase relates to the revision of useful lives for non-current assets and additional commissioning of equipment.
6. The increase relates to the recognition of expenditure for services received at a cost below fair value from the department.
7. The 2018-19 operating deficit relates to higher than expected costs of service delivery during the year which saw the Health Service provide record levels of care to patients amidst growing demand.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

8. The decrease relates to service/productivity improvements, the cessation of non-recurrent funding including for the Specialist Outpatients Strategy, the NPA on dental services that is yet to be formally approved and the centralisation of charging ambulance transfers to the department.
9. The increase relates to movements in the floating rate component of the interest bearing liability used to finance SCUH assets.
10. The increase reflects the return to a balanced operating position with the Health Service continuing to implement a range of sustainability and productivity improvement initiatives in 2019-20.

Balance sheet

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

11. The decrease relates to the 2018-19 operating deficit which is due to higher than expected costs of service delivery during the year which saw the Health Service provide record levels of care to patients amidst growing demand.
12. The increase relates to additional private practice revenue.
13. The increase relates to the prepayment of maintenance contracts for medical equipment.
14. The increase relates to a change in revaluation methodology for non-current assets.
15. The decrease relates to the re-phasing of the timing of construction of ICT assets and the reclassification of capital expenditure to operating expenditure.
16. The increase relates to an upward revision of estimated salaries and wages payable at year end.
17. The increase relates to a change in revaluation methodology for non-current assets.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

18. The decrease relates to the amortisation of software.
19. The increase relates to higher estimated salaries and wages payable due to an additional accrual day and EB agreements.
20. The decrease relates to the amortisation of the non-current portion of deferred revenue for the SCUH carpark.

Torres and Cape Hospital and Health Service

Torres and Cape Hospital and Health Service (HHS) is the largest provider of public healthcare services across 180,000 square kilometres of the most northern and remote areas of Queensland including 18 islands in the Torres Strait, two rural towns and nine remote communities in Cape York. The health service delivers care to a resident population of approximately 27,000, 67 per cent of whom identify as Aboriginal or Torres Strait Islanders.

The Torres and Cape HHS provides health services across four hospitals and 31 primary health centres by more than 1,000 staff. The health services delivered directly to communities include accident and emergency care, general surgery, medical imaging, primary health care, chronic disease management, obstetric and birthing services, maternal and child health services, men's and women's 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. In addition, the health service supports a range of government and non-government healthcare providers including outreach teams and visiting specialist services.

The health service's vision is 'Strengthening the region through the development of sustainable, supported local workforce, growing our ability and capability to respond to local needs by delivering innovative self-sufficient services closer to home'. In delivering this vision, Torres and Cape HHS is committed to addressing the social determinants of health, providing safe and high-quality health services across a wide and remote geographic area and overcoming the challenges of accessing equitable and timely health care and services. Continuous service improvements, taking advantage of technology to deliver services closer to home and growing a skilled, competent and qualified workforce through close links with communities and education partners will mitigate the risks to delivering services.

The HHS's strategic objectives are:

- excellence in healthcare
- to advance health through strong partnerships
- to have a safe, engaged, valued and skilled workforce
- to be a well-governed organisation.

The key factors impacting on the HHS in delivery health services in 2019-20 are:

- challenges associated with delivering health services to a diverse, and in many cases, socially disadvantaged population living in rural and extremely remote areas
- patient transfer and accommodation costs
- maintaining the value of built assets including meeting the increasing cost of planned and emergent repairs and maintenance
- sophisticated use of technology is limited by network and technical infrastructure issues.

The HHS contributes to the Government's objectives for the community *Our Future State: Advancing Queensland's Priorities*:

- Keep Queenslanders healthy by providing health services and clinical care closer to home, coordinating seamless retrieval services and maximising the use of telehealth
- Give all our children a great start by delivering integrated and coordinated primary health care services which result in improved Closing the Gap health targets
- Be a responsive government by engaging with communities to improve decisions in health care design and health service delivery
- Keep communities safe by maintaining staff security and safety and active hazard reporting
- Create jobs in a strong economy by delivering regionally based training and education and promoting employment pathway opportunities in communities, secondary schools and through training providers.

The Torres and Cape HHS's vision aligns with the directions outlined in *My health, Queensland's future: Advancing health 2026*.

Service summary

The Torres and Cape HHS has an operating budget of $225.4 million for 2019-20 which is an increase of $11.7 million from the published 2018-19 operating budget of $213.7 million.

In 2019-20, Torres and Cape HHS will:

- execute the implementation plan for the Torres and Cape HHS Clinical Services Plan 2019-2029 which identifies the steps required to realise the future vision for health services within the region. The implementation plan provides a roadmap of prioritised actions, service initiatives and additional specific stream/service level planning that will be undertaken over the next 10 years
- complete the Torres and Cape HHS Infrastructure Master Plan
- engage with communities and non-government organisations to develop models of care across the continuum of renal disease that meet a person's needs and which prevent and/or reduce the burden of chronic kidney disease
- enable treatment closer to home though the innovative and increased use of telehealth and commence work to establish a centralised Clinical Coordination and Referral Hub to improve the efficiency and effectiveness of medical specialist outreach services
- explore suitable models of care that would support the safe and sustainable reestablishment of birthing services in Weipa.

Torres and Cape HHS will continue to implement 2018-19 priorities and initiatives into 2019-20 by:

- planning for the redevelopment of Thursday Island Hospital, Thursday Island Primary Health Care Centre, and Mer Island Primary Health Care
- planning for a proposed redevelopment of Cooktown Hospital
- improving and increasing the quality and number of health services accessible closer to home with:
    - a cardiac outreach service starting on 1 July 2019 to address the burden of cardiovascular disease
    - delivery of remote dentistry services through tele-dentistry
- supporting the implementation of a shared electronic health record for primary and community health care across the Torres and Cape and Cairns and Hinterland regions
- establishing Aboriginal and Torres Strait Islander Health Practitioner roles as part of the implementation of the Aboriginal and Torres Strait Islander Health Practitioner Project which enables trained clinicians to work in isolated practice areas across Queensland and in some Aboriginal Community Controlled Health Services.

Service performance

Torres and Cape Hospital and Health Service

Service Area Objective

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

Service Area Description

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

Staffing[1,2,3,4,5]

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
943	1,031	1,005

Notes:

1. The 2018-19 Budget reflects the forecast full-time equivalents (FTEs) as at 30 June 2019, as published in the 2018-19 *Service Delivery Statement*.
2. The 2018-19 Estimated Actual reflects the estimated FTEs as at 30 June 2019.

3. The 2019-20 Budget represents the forecast FTEs and may change due to updates to the 2019-20 Service Agreement throughout the financial year.
4. The increase in FTE between 2018-19 Budget and the 2018-19 Estimated Actual relates to funding adjustment updates to the 2018-19 Service Agreement throughout the financial year. The primary areas of service activity increase include Renal and Midwives services and Integrated Dental Care.
5. The decrease between the 2018-19 Estimated Actual and 2019-20 Budget relates to the completion of non-recurrent service delivery program funding.

Torres and Cape Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Service Standards *Effectiveness measures* Percentage of emergency department patients seen within recommended timeframes[1]			
● Category 1 (within 2 minutes)	100%	95%	100%
● Category 2 (within 10 minutes)	80%	92%	80%
● Category 3 (within 30 minutes)	75%	93%	75%
● Category 4 (within 60 minutes)	70%	93%	70%
● Category 5 (within 120 minutes)	70%	98%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department[2]	>80%	95%	>80%
Percentage of elective surgery patients treated within clinically recommended times[3]			
● Category 1 (30 days)	>98%	100%	>98%
● Category 2 (90 days)	>95%	100%	>95%
● Category 3 (365 days)	>95%	99%	>95%
Median wait time for treatment in emergency departments (minutes)[4]	..	5	..
Median wait time for elective surgery treatment (days)[5]	..	14	..
Efficiency measure[6]			
Other measures Number of elective surgery patients treated within clinically recommended times[7]			
● Category 1 (30 days)	44	90	64
● Category 2 (90 days)	46	47	47
● Category 3 (365 days)	206	190	210
Number of Telehealth outpatient service events[8]	1,656	1,891	1,797
Total weighted activity units (WAUs)[9]			
● Acute Inpatient	5,083	5,849	5,821
● Outpatients	1,876	2,554	2,628
● Sub-acute	530	396	396

Torres and Cape Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
● Emergency Department	2,797	2,837	2,837
● Mental Health	143	146	146
● Prevention and Primary Care	964	0	0
Ambulatory mental health service contact duration (hours)[10]	>8,116	12,717	>8,116

Notes:

1. This is a measure of the access and timeliness of Emergency Department (ED) services. It reports the percentage of patients treated within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, over 200 more category 1, 2 and 3 patients were seen within clinically recommended time compared to the same period in the prior year.
2. This is a measure of access and timeliness of ED services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, 29 more patients received elective surgery in a Queensland public hospital from the elective surgery waiting list and 34 more patients received their surgery within clinically recommend time compared to the same period in the prior year.
4. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. 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. This is a measure of effectiveness that reports on the number of days within which half of all patients received elective surgery. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
6. An efficiency measure is being investigated for this service area and will be included in a future Service Delivery Statement.
7. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April 2019 and then forecast to 30 June 2019.
8. This measure tracks the growth in non-admitted patient telehealth service events. Telehealth service events enable timely access to contemporary specialist services for patients from regional, rural and remote communities, and support a reduction in waiting times and costs associated with patient travel. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 31 March 2019 and are annualised to derive an estimate for full financial year.
9. A Weighted Activity Unit (WAU) provides a common unit of comparison so that all public hospital activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care, mental health and prevention and primary care). Estimated Actuals for 2018-19 are based on 2018-19 service agreements as updated in amendment window three in April 2019 to incorporate HHSs' activity forecasts. 2019-20 Target/Estimates are based on the 2019-20 purchased activity. The 2018-19 Target/Estimate is the reported target in the 2018-19 Service Delivery Statement updated to the Q21 Phase of the ABF model which underpins the 2018-19 and 2019-20 service agreements. The service agreement service stream 'Total WAUs – Interventions and procedures' has been reallocated between 'Total WAUs – Acute Inpatient Care' and 'Total WAUs – Outpatient Care' based on Inpatient vs Outpatient proportions. 'Total WAUs – Prevention and Primary Care' is comprised of BreastScreen and Dental WAUs. For 2018-19 Estimated Actuals the activity for Prevention and Primary Care was reported in an alternative setting. The 2019-20 funding and associated activity has also been reported in an alternative setting.
10. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor, weighted for locality and may be reduced from previous years due to movement in reported available clinician hours. This methodology results in a stretch performance target for many services, and it is not expected that all services will necessarily meet the target every year.

Income statement

Torres and Cape Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
INCOME				
User charges and fees	1,9	200,634	208,412	208,215
Grants and other contributions	2	12,140	16,275	16,043
Interest and distributions from managed funds		2	2	2
Other revenue	3,10	920	1,448	1,114
Gains on sale/revaluation of assets		..	..	..
Total income		**213,696**	**226,137**	**225,374**
EXPENSES				
Employee expenses	4	15,165	16,535	17,100
Supplies and Services:				
Other supplies and services	5,11	81,255	78,557	77,531
Department of Health contract staff	6,12	103,253	114,127	113,451
Grants and subsidies		..	..	..
Depreciation and amortisation	7	13,102	14,015	14,503
Finance/borrowing costs		..	..	..
Other expenses	8	912	2,819	2,779
Losses on sale/revaluation of assets		9	84	10
Total expenses		**213,696**	**226,137**	**225,374**
OPERATING SURPLUS/(DEFICIT)		**..**	**..**	**..**

Balance sheet

Torres and Cape Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CURRENT ASSETS				
Cash assets	13	38,780	40,509	40,100
Receivables		1,934	1,965	2,001
Other financial assets		..	..	..
Inventories	14	408	490	501
Other	15	78	143	146
Non-financial assets held for sale		..	..	..
Total current assets		**41,200**	**43,107**	**42,748**
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment	16,19	199,291	188,586	181,987
Intangibles		..	..	..
Other		..	..	..
Total non-current assets		**199,291**	**188,586**	**181,987**
TOTAL ASSETS		**240,491**	**231,693**	**224,735**
CURRENT LIABILITIES				
Payables	17	19,769	21,398	21,879
Accrued employee benefits		1,178	1,081	1,141
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total current liabilities		**20,947**	**22,479**	**23,020**
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		**..**	**..**	**..**
TOTAL LIABILITIES		**20,947**	**22,479**	**23,020**
NET ASSETS/(LIABILITIES)		**219,544**	**209,214**	**201,715**
EQUITY				
TOTAL EQUITY	18,20	**219,544**	**209,214**	**201,715**

Cash flow statement

Torres and Cape Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
User charges and fees		200,634	205,082	208,179
Grants and other contributions		12,144	14,457	14,151
Interest and distribution from managed funds received		2	2	2
Other		4,823	6,794	6,513
Outflows:				
Employee costs		(15,115)	(16,360)	(17,040)
Supplies and services		(188,055)	(192,209)	(196,003)
Grants and subsidies		..	(994)	..
Borrowing costs		..	..	..
Other		(853)	(685)	(808)
Net cash provided by or used in operating activities		**13,580**	**16,087**	**14,994**
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of non-financial assets		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
Outflows:				
Payments for non-financial assets		(3,153)	(5,611)	(3,226)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by or used in investing activities		**(3,153)**	**(5,611)**	**(3,226)**
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		2,217	2,807	2,326
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		(13,102)	(14,015)	(14,503)
Net cash provided by or used in financing activities		**(10,885)**	**(11,208)**	**(12,177)**
Net increase/(decrease) in cash held		**(458)**	**(732)**	**(409)**
Cash at the beginning of financial year		**39,238**	**41,241**	**40,509**
Cash transfers from restructure		..	..	..
Cash at the end of financial year		**38,780**	**40,509**	**40,100**

Explanation of variances in the financial statements

Income statement

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

1. The increase relates to additional funding provided through amendments to the Service Agreement with the Department of Health (the department) for Enterprise Bargaining (EB) arrangements, depreciation and program service activity.
2. The increase relates to improvements in private practice incentive payments, travel recoveries, mental health after hours services and the recognition of services below fair value provided by the department.
3. The increase relates to improvements in medical officer and WorkCover salary recoveries.
4. The increase relates to the recruitment of new medical positions funded by own source revenue and recruitment to internal positions, which is offset by a reduction in agency staff.
5. The decrease primarily relates to a reduction in the use of agency staff, which is offset by cost increases in patient transport, residential leases, consultants and native title land tenure costs.
6. The increase relates to additional funding provided through amendments to the Service Agreement with the department for EB arrangements and program service activity as well as permanent recruitment of vacant nursing positions, which is offset by a reduction in agency staff.
7. The increase relates to the completion of capital works at Aurukun and Kowanyama ahead of plan.
8. The increase relates to the recognition of services below fair value provided by the Department.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

9. The decrease relates to the completion of non-recurrent program service activity.
10. The decrease relates to a reduction in WorkCover salary recoveries.
11. The decrease primarily relates to a reduction in the planned use of agency staff and patient transport funding being transferred to Queensland Ambulance Service.
12. The decrease relates to the completion of non-recurrent program service activity.

Balance sheet

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

13. The increase relates to longer settlement times for outsourced service delivery contracts.
14. The increase relates to higher drugs inventory held.
15. The increase relates to higher prepayments for residential and vehicle leases.
16. The decrease relates to the delay in the planned completion of the outer island primary health care clinics at Stephen, Dauan, Saint Paul and Coconut Islands.
17. The increase relates to higher costs of patient transport, residential leases, consultants and native title land tenure as well as an increased settlement time of outsourced service delivery contracts.
18. The decrease relates to the 2017-18 revaluation increment being lower than estimated and delays in the planned completion of the outer island primary health care clinics at Stephen, Dauan, Saint Paul and Coconut Islands, which lead to less than planned equity transfers in. These decreases were offset by the unplanned 2017-18 surplus.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

19. The decrease relates to planned depreciation being greater than the sum of the projected revaluation increment and building and equipment additions.
20. The decrease relates to planned depreciation equity withdrawals being greater than the sum of the projected revaluation increment and building and equipment equity transfers in.

Townsville Hospital and Health Service

Overview

The Townsville Hospital and Health Service (HHS) is an independent statutory body overseen by a local Hospital and Health Board. The Townsville HHS is responsible for the delivery of local public hospital and health services including medical, surgical, emergency, obstetrics, paediatrics, specialist outpatient clinics, mental health, intensive care and clinical support services to a population of about 240,000 people. The Townsville Hospital is the main referral hospital in northern Australia providing tertiary services to a population of more than 695,000.

The Townsville HHS operates the following facilities:

- Ayr Health Service
- Cambridge Street Health Campus
- Cardwell Community Clinic
- Charters Towers Health Service
- Charters Towers Rehabilitation Unit
- Eventide Residential Aged Care Facility
- Home Hill Health Service
- Hughenden Multi-Purpose Health Service
- Josephine Sailor Adolescent Inpatient Unit and Day Service
- Ingham Health Service
- Joyce Palmer Health Service
- Kirwan Health Campus
- Kirwan Mental Health Rehabilitation Unit
- Magnetic Island Community Clinic
- North Ward Health Campus
- Palmerston Street Health Campus
- Parklands Residential Aged Care Facility
- Richmond Health Service
- The Townsville Hospital
- Townsville Public Health Unit

The vision of the Townsville HHS is to be the leader in health care, research and education for regional Australia. Its purpose is to deliver excellent care, research and education to improve the health of the people and communities of northern Queensland. The four strategic pillars the HHS will use as an ongoing performance framework to drive service-delivery excellence and continuous improvement are:

- provide high-quality, person-centred care for northern Queensland
- ensure efficient and sustainable stewardship of resources
- work collaboratively, embrace innovation and continuously improve
- maintain an exceptional workforce and be a great place to work.

The HHS contributes to the Government's objectives for the community *Our Future State: Advancing Queensland's Priorities*:

- Keep Queenslanders healthy by improving patient experiences by partnering with patients in their care and ensuring that our services are safe and of the highest quality
- Give all our children a great start by supporting service accessibility through the delivery of co-ordinated, tailored and targeted healthcare as close to home as possible.

The Townsville HHS is committed to supporting the health needs of northern Queenslanders through a number of prioritised strategic actions including:

- strengthening the tertiary referral role of The Townsville Hospital (TTH) to ensure equitable access to high-quality, specialised and sustainable health services closer to home
- establishing our organisation as leaders in health research and innovation for regional Australia
- enhancing partnership arrangements with patients, communities, staff and service-delivery organisations both locally and across the region
- working closely with Aboriginal and Torres Strait Islander staff, patients, communities and organisations to improve the cultural capability of our services
- fostering a workplace culture that values, supports and develops our workforce.

In meeting the evolving health needs of the northern Queensland region, the Townsville HHS faces a variety of risks to the delivery of services including population growth and ageing, increased prevalence of chronic disease and industry-wide competition for resources, both human and capital.

The Townsville HHS continues to invest in key developments to deliver enhanced services for the community, including:

- expansion of the endoscopy capacity at the hospital from 2 to 4 treatment rooms, increasing service capacity and improving treatment outcomes. Construction commenced in August 2018 and will be completed in late 2019
- expansion of the TTH Renal Services Unit from 17 to 30 chairs inclusive of a refurbishment to the existing unit, providing increased dialysis capability, enabling more patients to be treated and to receive the recommended treatment. Commenced construction in July 2018 and will be completed in the first quarter of 2020
- the Medical Imaging investment project requires the relocation and fit out of the existing TTH Medical Imaging into an existing shell space, which will enable the fit-of a new Magnetic Resonance Imaging (MRI) suite. The project will increase MRI diagnostic capacity, increasing the number of patients that can be treated and enabling improved clinical outcomes. Construction is forecast to commence mid-year with completion in early 2020.The southern hemisphere's first Elekta linear accelerator was installed at The Townsville Hospital in April 2019. This machine is the most advanced cancer diagnostic machine of its kind and will be operational in early 2020.

Service summary

The Townsville HHS has an operating budget of $1.038 billion for 2019-20 which is an increase of $54.5 million from the published 2018-19 operating budget of $983.8 million.

Major deliverables for 2019-20 include:

- implementing in July 2019 phase two of the ieMR Advanced Release which includes the medication management and anaesthetic modules
- completing the $5.9 million endoscopy expansion which will double the floor space, creating two additional procedure rooms
- completing the renal expansion which will increase the number of haemodialysis chairs from 17 to 30
- completing the surgical outpatients development which will provide bespoke outpatient clinical space for Ear, Nose and Throat services
- completing the medical imaging project which will enable the fit-out of a new MRI suite
- completing the master planning process which will include all sites within the HHS and will focus on the development of a joint Health and Knowledge Precinct with James Cook University.

Service performance

Townsville Hospital and Health Service

Service Area Objective

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

Service Area 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.

Staffing[1,2,3,4,5]

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
5,401	5,424	5,508

Notes:

1. The 2018-19 Budget reflects the forecast full-time equivalents (FTEs) as at 30 June 2019 published in the 2018-19 *Service Delivery Statement* and based on funding provided in the initial 2018-19 Service Agreement.
2. The 2018-19 Estimated Actual reflects the estimated FTEs as at 30 June 2019.

3. The 2019-20 Budget represents the forecast FTEs as at 30 June 2020, based on the initial 2019-20 Service Agreement. FTEs are likely to increase as additional funding is provided throughout the year via the in-year Service Agreement amendment process.
4. The increase in FTE between 2018-19 Budget and 2018-19 Estimated Actual relates to additional funding provided throughout the year via the in-year Service Agreement amendment process. The primary areas of service activity increase include the growth in midwives, community mental health treatment centres, opioid substitution program and other program changes.
5. The increase between the 2018-19 Estimated Actual and 2019-20 Budget relates to additional funding provided through the Service Agreement. The primary areas of service activity increase include the Winter Bed Management Strategy, nurse navigators, additional midwives, offender health, renal services and other programs.

Townsville Hospital and Health Service	**2018-19 Target/Est**	**2018-19 Est Actual**	**2019-20 Target/Est**
Service Standards *Effectiveness measures* Percentage of emergency department patients seen within recommended timeframes[1]			
● Category 1 (within 2 minutes)	100%	99%	100%
● Category 2 (within 10 minutes)	80%	74%	80%
● Category 3 (within 30 minutes)	75%	73%	75%
● Category 4 (within 60 minutes)	70%	83%	70%
● Category 5 (within 120 minutes)	70%	99%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department[2]	>80%	80%	>80%
Percentage of elective surgery patients treated within clinically recommended times[3]			
● Category 1 (30 days)	>98%	99%	>98%
● Category 2 (90 days)	>95%	93%	>95%
● Category 3 (365 days)	>95%	89%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days[4]	<2	1.1	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit[5]	>65%	81.5%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge[6]	<12%	19.8%	<12%
Percentage of specialist outpatients waiting within clinically recommended times[7]			
● Category 1 (30 days)	98%	98%	98%
● Category 2 (90 days)	95%	94%	95%
● Category 3 (365 days)	95%	96%	95%
Percentage of specialist outpatients seen within clinically recommended times[8]			
● Category 1 (30 days)	98%	95%	98%
● Category 2 (90 days)	95%	91%	95%

Townsville Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
● Category 3 (365 days)	95%	94%	95%
Median wait time for treatment in emergency departments (minutes)[9]	..	14	..
Median wait time for elective surgery treatment (days)[10]	..	39	..
Efficiency measure Average cost per weighted activity unit for Activity Based Funding facilities[11]	$4,686	$4,884	$4,711
Other measures Number of elective surgery patients treated within clinically recommended times[12]			
● Category 1 (30 days)	3,562	3,429	3,633
● Category 2 (90 days)	3,882	2,911	3,960
● Category 3 (365 days)	2,015	1,276	2,055
Number of Telehealth outpatient service events[13]	7,724	8,019	8,925
Total weighted activity units (WAUs)[14]			
● Acute Inpatient	93,460	89,804	95,088
● Outpatients	26,488	25,653	26,068
● Sub-acute	10,187	11,461	12,052
● Emergency Department	16,714	16,101	16,528
● Mental Health	9,572	12,125	11,867
● Prevention and Primary Care	2,559	2,604	2,494
Ambulatory mental health service contact duration (hours)[15]	>68,647	66,722	>68,647

Notes:

1. This is a measure of the access and timeliness of Emergency Department (ED) services. It reports the percentage of patients treated within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, the Townsville HHS publicly funded EDs saw more than 101,000 presentations. Almost 2,200 more patients were seen in time than for the same period the prior year.
2. This is a measure of access and timeliness of ED services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, over 580 more patients required admission to a hospital from the ED across the Townsville HHS compared to the same period in the prior year.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. Category treat in time performance has been impacted by planned reductions of approximately 600 elective surgeries to support the implementation of integrated electronic Medical Record (ieMR) in August 2018 and unplanned cancellations of approximately 160 elective surgeries in February 2019 due to the Townsville flood event.
4. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. Staphylococcus aureus are bacteria commonly found on around 30 per cent of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly so when they infect the bloodstream. The data reported for this service standard are for bloodstream infections with Staphylococcus aureus (including methicillin resistant Staphylococcus aureus) and are reported as a rate of infection per 10,000 patient days. The Target/Estimate for this measure aligns with the national benchmark of 2 cases per 10,000 acute public hospital patient days.
5. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 31 March 2019. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early

readmission. However, increased pressure on community and inpatient mental health services has seen increases in readmission rates and this is negatively impacting the rate of community follow up.

6. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 28 February 2019. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. Queensland's rate of readmission has remained relatively stable over the past five years, however it has not yet reached the nationally recommended target.

7. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. The figures provided include both Ready for Care and Not Ready for Care patients. Estimated Actuals for 2018-19 are as at 1 May 2019.

8. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. Category seen in time performance has been impacted by the February 2019 flood event where approximately 3,900 outpatient appointments were cancelled. All have been rebooked and are being seen.

9. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.

10. This is a measure of effectiveness that reports on the number of days within which half of all patients received elective surgery. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.

11. Activity Based Funding (ABF) defines public hospital activity in terms of a single measure called a Weighted Activity Unit (WAU). A WAU provides a common unit of comparison so that all activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care and mental health). The average cost per WAU represents the average cost per unit of activity for all activity types. Cost per WAU excludes Prevention and Primary Care, Specified Grants, Clinical Education and Training, Public Private Partnerships and Pharmaceutical Benefit Scheme. The 2018-19 Target/Estimate is based on 2018-19 ABF funding per WAU. The 2018-19 Estimated Actual is based on 1 July 2018 to 31 March 2019 ABF cost per WAU. The variation against 2018-19 Target/Estimate is mainly the result of lower levels than anticipated of activity for the first 9 months of the year increasing cost per WAU as a result of a reduction in planned care activity during the ieMR implementation and the recent flood. The Townsville HHS anticipates delivering the activity shortfall in the final quarter. The 2019-20 Target/Estimate is based on 2019-20 ABF funding per WAU.

12. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April 2019 and then forecast to 30 June 2019. The volume of elective surgery patients treated has been impacted by planned reductions of approximately 600 elective surgeries to support the implementation of ieMR August 2018 and unplanned cancellations of approximately 160 elective surgeries in February 2019 because of the Townsville flood event.

13. This measure tracks the growth in non-admitted patient telehealth service events. Telehealth service events enable timely access to contemporary specialist services for patients from regional, rural and remote communities, and support a reduction in waiting times and costs associated with patient travel. 2018-19 Estimated Actuals are based on the period 1 July 2018 to 31 March 2019 and are annualised to derive an estimate for full financial year.

14. A Weighted Activity Unit (WAU) provides a common unit of comparison so that all public hospital activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care, mental health and prevention and primary care). Estimated Actuals for 2018-19 are based on 2018-19 service agreements as updated in amendment window three in April 2019 to incorporate HHSs' activity forecasts. 2019-20 Target/Estimates are based on the 2019-20 purchased activity. The 2018-19 Target/Estimate is the reported target in the 2018-19 Service Delivery Statement updated to the Q21 Phase of the ABF model which underpins the 2018-19 and 2019-20 service agreements. The service agreement service stream 'Total WAUs – Interventions and procedures' has been reallocated between 'Total WAUs – Acute Inpatient Care' and 'Total WAUs – Outpatient Care' based on Inpatient vs Outpatient proportions. 'Total WAUs – Prevention and Primary Care' is comprised of BreastScreen and Dental WAUs. Variation against the 2018-19 target is due to the impacts that the flood and ieMR have had on service delivery, and in part reflects the change in service delivery to meet community needs.

15. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor, weighted for locality and may be reduced from previous years due to movement in reported available clinician hours. This methodology results in a stretch performance target for many services, and it is not expected that all services will necessarily meet the target every year.

Income statement

Townsville Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
INCOME				
Taxes		..	..	..
User charges and fees	1,5	955,031	994,529	1,010,018
Grants and other contributions		24,578	22,979	23,075
Interest and distributions from managed funds		370	620	620
Other revenue		3,868	4,569	4,599
Gains on sale/revaluation of assets		..	..	..
Total income		**983,847**	**1,022,697**	**1,038,312**
EXPENSES				
Employee expenses	2	690,069	707,183	719,148
Supplies and services	3	237,004	255,691	259,067
Grants and subsidies		3,460	2,587	2,617
Depreciation and amortisation	4	48,582	53,256	53,455
Finance/borrowing costs		..	..	..
Other expenses		2,347	2,324	2,350
Losses on sale/revaluation of assets		2,385	1,656	1,675
Total expenses		**983,847**	**1,022,697**	**1,038,312**
OPERATING SURPLUS/(DEFICIT)		**..**	**..**	**..**

Balance sheet

Townsville Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CURRENT ASSETS				
Cash assets	6	65,987	69,083	68,472
Receivables		22,507	15,986	16,303
Other financial assets		..	..	..
Inventories		8,047	9,110	9,196
Other		1,883	1,509	1,568
Non-financial assets held for sale		..	..	..
Total current assets		**98,424**	**95,688**	**95,539**
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment		805,414	798,990	791,300
Intangibles	7,10	3,393	6,572	2,772
Other		..	..	..
Total non-current assets		**808,807**	**805,562**	**794,072**
TOTAL ASSETS		**907,231**	**901,250**	**889,611**
CURRENT LIABILITIES				
Payables		28,441	28,748	30,949
Accrued employee benefits	8	23,658	28,450	28,450
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other	9	2,980	8,595	8,595
Total current liabilities		**55,079**	**65,793**	**67,994**
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		**..**	**..**	**..**
TOTAL LIABILITIES		**55,079**	**65,793**	**67,994**
NET ASSETS/(LIABILITIES)		**852,152**	**835,457**	**821,617**
EQUITY				
TOTAL EQUITY		**852,152**	**835,457**	**821,617**

Cash flow statement

Townsville Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
User charges and fees		952,455	992,682	1,008,153
Grants and other contributions		24,578	22,979	23,075
Interest and distribution from managed funds received		370	620	620
Taxes		..	..	..
Other		19,819	20,520	20,550
Outflows:				
Employee costs		(690,069)	(707,183)	(719,148)
Supplies and services		(251,025)	(269,712)	(273,089)
Grants and subsidies		(3,460)	(2,587)	(2,617)
Borrowing costs		..	..	..
Other		(2,347)	(2,324)	(2,350)
Net cash provided by or used in operating activities		**50,321**	**54,995**	**55,194**
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of non-financial assets		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
Outflows:				
Payments for non-financial assets		(10,343)	(14,579)	(13,650)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by or used in investing activities		**(10,343)**	**(14,579)**	**(13,650)**
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		10,343	14,579	11,300
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		(48,582)	(53,256)	(53,455)
Net cash provided by or used in financing activities		**(38,239)**	**(38,677)**	**(42,155)**
Net increase/(decrease) in cash held		**1,739**	**1,739**	**(611)**
Cash at the beginning of financial year		**64,248**	**67,344**	**69,083**
Cash transfers from restructure		..	..	..
Cash at the end of financial year		**65,987**	**69,083**	**68,472**

Explanation of variances in the financial statements

Income statement

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

1. The increase relates to additional funding provided through amendments to the Service Agreement with the Department of Health (the department) for the delivery of increased public hospital and health services and additional Pharmaceutical Benefits Scheme (PBS) reimbursements.
2. The increase relates to additional frontline staff required to service the funded growth in demand for healthcare services.
3. The increase is due primarily to costs associated with PBS drugs and other clinical supplies.
4. The increase relates to ongoing reviews of useful lives of non-current assets and intangibles, along with assets that were commissioned throughout the year.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

5. The increase relates to additional funding provided through the Service Agreement with the department for increased service activity, additional block funded services, enterprise bargaining and depreciation.

Balance sheet

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

6. The increase is primarily due to the settlement of revenue accruals and other reductions in receivables.
7. The increase is due to capitalisation of components of the Digital Hospital program.
8. The increase is due to shifts in accrual days and growth in annual leave balances.
9. The increase is primarily due to movements in unearned revenue from prior financial year.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

10. The decrease is due to amortisation of the Digital Hospital program.

West Moreton Hospital and Health Service

Overview

The West Moreton Hospital and Health Service (HHS) is an independent statutory body overseen by a local Hospital and Health Board. The West Moreton HHS delivers public health services to a population of more than 290,000 people living in an area covering 9,521 square kilometres and extending from Springfield, Ripley and Ipswich in the east, to Boonah in the south, north to Esk and west to Gatton. It also provides medical, surgical, emergency, obstetrics, paediatrics and specialist outpatient services and mental health, critical care, sub-acute and clinical support services.

West Moreton Health is experiencing significant growth, with the population expected to increase to 587,000 people by 2036. This is an increase of 111 per cent on the current population, giving West Moreton the fastest relative growth of any HHS in the State.

The West Moreton HHS is responsible for the direct management of the following facilities:

- Boonah Health Service
- Esk Health Service
- Gailes Community Care Unit
- Gatton Health Service
- Ipswich Health Service
- Laidley Health Service
- The Park – Centre for Mental Health
- Goodna Community Health

The West Moreton HHS also provides school-based primary oral health care services, community mental health services for all age groups and alcohol, tobacco and other drug services. It provides a range of prisoner health services to Brisbane Women's, Wolston and Brisbane Correctional facilities and the Borallon Training and Correctional Centre. Other State-wide services provided include the Queensland Centre for Mental Health Research, the Queensland Centre for Mental Health Learning and the Queensland Mental Health Benchmarking Unit.

The West Moreton HHS has four inter-related strategic priorities:

- person-centred care – deliver equitable, person centred care and support diverse and vulnerable communities
- caring for our teams – inspire a workplace where staff, volunteers and partners thrive and know they are valued
- interconnected care – use partnerships and technology to deliver integrated care
- better care – deliver safe, high quality, high value care backed by innovation and research.

The objectives of the strategic plan contribute to the Government's objectives for the community *Our Future State: Advancing Queensland's Priorities:* Keep Queenslanders healthy and to Give all our children a great start by providing safe, quality, and appropriate health and wellbeing services for members of the West Moreton community. This is consistent with West Moreton HHS's vision, which is "To create a West Moreton Community which is thriving and well".

Service summary

The West Moreton HHS has an operating budget of $642.8 million for 2019-20 which is an increase of $35.7 million the published 2018-19 operating budget of $607.1 million.

In addition to continuing the delivery of core health services, meeting performance targets and working to meet the rapidly growing health needs of the population, key initiatives to improve patient outcomes during 2019-20 for West Moreton Health will include:

- delivering on the Ipswich Health Expansion Stage 1A, with a Magnetic Resonance Imaging machine becoming operational and detailed design and procurement for a new 50 bed mental health facility, with work expected to commence on the facility by the end of 2020
- optimising the use of the new digital platform to inform changes in clinical practice and improve outcomes for patients and the community
- completing fire system upgrades to Esk and Laidley rural facilities.

Service performance

West Moreton Hospital and Health Service

Service Area Objective

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

Service Area Description

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

Staffing[1,2,3,4,5]

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
3,572	3,717	3,659

Notes:

1. The 2018-19 Budget reflects the forecast full-time equivalents (FTEs) as at 30 June 2019 published in the 2018-19 *Service Delivery Statement* and based on funding provided in the initial 2018-19 Service Agreement.
2. The 2018-19 Estimated Actual reflects the estimated FTEs as at 30 June 2019.
3. The 2019-20 Budget represents the forecast FTEs as at 30 June 2020, based on the initial 2019-20 Service Agreement. FTEs are likely to increase as additional funding is provided throughout the year via the in-year Service Agreement amendment process.
4. The increase in FTE between 2018-19 Budget and 2018-19 Estimated Actual relates to additional funding provided throughout the year via the in-year Service Agreement amendment process. The primary areas of service activity increase include nursing election commitment, specialist outpatients, midwives, prison health services, opioid substitution in prisons and mental health services.
5. The decrease between the 2018-19 Estimated Actual and 2019-20 Budget relates to the completion of non-recurrent programs including the implementation of the integrated electronic Medical Record.

West Moreton Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Service Standards *Effectiveness measures* Percentage of emergency department patients seen within recommended timeframes[1]			
● Category 1 (within 2 minutes)	100%	100%	100%
● Category 2 (within 10 minutes)	80%	64%	80%
● Category 3 (within 30 minutes)	75%	51%	75%
● Category 4 (within 60 minutes)	70%	72%	70%
● Category 5 (within 120 minutes)	70%	90%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department[2]	>80%	73%	>80%
Percentage of elective surgery patients treated within clinically recommended times[3]			
● Category 1 (30 days)	>98%	98%	>98%
● Category 2 (90 days)	>95%	82%	>95%
● Category 3 (365 days)	>95%	88%	>95%

West Moreton Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days[4]	<2	0.6	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit[5]	>65%	66.7%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge[6]	<12%	10.6%	<12%
Percentage of specialist outpatients waiting within clinically recommended times[7]			
● Category 1 (30 days)	98%	57%	98%
● Category 2 (90 days)	95%	57%	95%
● Category 3 (365 days)	95%	93%	95%
Percentage of specialist outpatients seen within clinically recommended times[8]			
● Category 1 (30 days)	98%	86%	98%
● Category 2 (90 days)	95%	53%	95%
● Category 3 (365 days)	95%	85%	95%
Median wait time for treatment in emergency departments (minutes)[9]	..	20	..
Median wait time for elective surgery treatment (days)[10]	..	44	..
Efficiency measure Average cost per weighted activity unit for Activity Based Funding facilities[11]	$4,641	$5,286	$4,604
Other measures Number of elective surgery patients treated within clinically recommended times[12]			
● Category 1 (30 days)	1,633	1,471	1,666
● Category 2 (90 days)	2,276	1,225	2,322
● Category 3 (365 days)	2,393	1,237	2,441
Number of Telehealth outpatient service events[13]	2,076	2,563	2,632
Total weighted activity units (WAUs)[14]			
● Acute Inpatient	55,807	54,090	56,964
● Outpatients	13,207	11,692	12,578
● Sub-acute	5,072	3,917	4,092
● Emergency Department	12,067	12,205	12,630
● Mental Health	8,379	12,863	13,075
● Prevention and Primary Care	2,700	3,384	2,564
Ambulatory mental health service contact duration (hours)[15]	>52,691	55,765	>52,691

Notes:

1. This is a measure of the access and timeliness of Emergency Department (ED) services. It reports the percentage of patients treated within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, the West Moreton HHS publicly funded EDs saw more than 72,000 presentations, over 2,300 more than the prior year. Almost 900 more patients were seen in time than for the same period the prior year.
2. This is a measure of access and timeliness of ED services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The variance to target is a result of reconfigured patient activity as part of the integrated electronic Medical Record (ieMR) implementation plan. From 1 July 2018 to 30 April 2019, almost 1,500 more patients were admitted to a hospital across the West Moreton HHS following an ED presentation compared to the same period in the prior year, while delivering more emergency surgeries.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The variance to target is a result of reconfigured patient activity as part of the ieMR implementation plan and the relative mix of emergency/trauma and elective surgery shifting across the course of the financial year, with an increase in the demand for emergency and trauma surgery.
4. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. Staphylococcus aureus are bacteria commonly found on around 30 per cent of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly so when they infect the bloodstream. The data reported for this service standard are for bloodstream infections with Staphylococcus aureus (including methicillin resistant Staphylococcus aureus) and are reported as a rate of infection per 10,000 patient days. The Target/Estimate for this measure aligns with the national benchmark of 2 cases per 10,000 acute public hospital patient days.
5. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 31 March 2019. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. However, increased pressure on community and inpatient mental health services has seen increases in readmission rates and this is negatively impacting the rate of community follow up.
6. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 28 February 2019. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. Queensland's rate of readmission has remained relatively stable over the past five years, however it has not yet reached the nationally recommended target.
7. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. The figures provided include both Ready for Care and Not Ready for Care patients. Estimated Actuals for 2018-19 are as at 1 May 2019. The variance to target is a result of an increase in outpatient referrals and reconfigured patient activity as part of the ieMR implementation plan.
8. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The variance to target is a result of reconfigured patient activity as part of the ieMR implementation plan. West Moreton HHS has made alternative arrangements to increase capacity to ensure outpatients are seen within clinically recommended times. From 1 July 2018 to 30 April 2019, almost 2,600 more patients received their first specialist outpatient appointment compared to the same period in the prior year.
9. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
10. This is a measure of effectiveness that reports on the number of days within which half of all patients received elective surgery. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
11. Activity Based Funding (ABF) defines public hospital activity in terms of a single measure called a Weighted Activity Unit (WAU). A WAU provides a common unit of comparison so that all activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care and mental health). The average cost per WAU represents the average cost per unit of activity for all activity types. Cost per WAU excludes Prevention and Primary Care, Specified Grants, Clinical Education and Training, Public Private Partnerships and Pharmaceutical Benefit Scheme. The 2018-19 Target/Estimate is based on 2018-19 ABF funding per WAU. The 2018-19 Estimated Actual is based on 1 July 2018 to 31 March 2019 ABF cost per WAU and cost increase has resulted from the use of retained earnings to support the implementation of the ieMR. The West Moreton HHS is forecasting to deliver more activity in the final quarter of the financial year when compared to the first 9 months. The 2019-20 Target/Estimate is based on 2019-20 ABF funding per WAU.
12. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April 2019 and then forecast to 30 June 2019. The variance to target is a result of reconfigured patient activity as part of the ieMR implementation plan. West Moreton HHS has made alternative arrangements to increase capacity to ensure patients are seen within clinically recommended times.

13. This measure tracks the growth in non-admitted patient telehealth service events. Telehealth service events enable timely access to contemporary specialist services for patients from regional, rural and remote communities, and support a reduction in waiting times and costs associated with patient travel. 2018-19 Estimated Actuals are based on the period 1 July 2018 to 31 March 2019 and are annualised to derive an estimate for full financial year.

14. A Weighted Activity Unit (WAU) provides a common unit of comparison so that all public hospital activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care, mental health and prevention and primary care). Estimated Actuals for 2018-19 are based on 2018-19 service agreements as updated in amendment window three in April 2019 to incorporate HHSs' activity forecasts. 2019-20 Target/Estimates are based on the 2019-20 purchased activity. The 2018-19 Target/Estimate is the reported target in the 2018-19 Service Delivery Statement updated to the Q21 Phase of the ABF model which underpins the 2018-19 and 2019-20 service agreements. The service agreement service stream 'Total WAUs – Interventions and procedures' has been reallocated between 'Total WAUs – Acute Inpatient Care' and 'Total WAUs – Outpatient Care' based on Inpatient vs Outpatient proportions. 'Total WAUs – Prevention and Primary Care' is comprised of BreastScreen and Dental WAUs. Variation against target is due to the implementation of ieMR, and in part reflects the change in service delivery to meet community needs.

15. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor, weighted for locality and may be reduced from previous years due to movement in reported available clinician hours. This methodology results in a stretch performance target for many services, and it is not expected that all services will necessarily meet the target every year.

Income statement

West Moreton Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
INCOME				
Taxes		..	..	..
User charges and fees	1,7	602,577	628,790	634,122
Grants and other contributions	2	3,911	7,997	8,170
Interest and distributions from managed funds		30	14	14
Other revenue		623	528	535
Gains on sale/revaluation of assets		..	..	..
Total income		**607,141**	**637,329**	**642,841**
EXPENSES				
Employee expenses	3,8	425,090	464,125	457,265
Supplies and services	4,9	153,747	159,908	152,501
Grants and subsidies		375	435	435
Depreciation and amortisation	5,10	18,693	23,960	22,907
Finance/borrowing costs		..	..	..
Other expenses		7,500	7,789	7,997
Losses on sale/revaluation of assets		1,736	1,736	1,736
Total expenses		**607,141**	**657,953**	**642,841**
OPERATING SURPLUS/(DEFICIT)	**6,11**	**..**	**(20,624)**	**..**

Balance sheet

West Moreton Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CURRENT ASSETS				
Cash assets	12	39,904	34,312	34,480
Receivables	13	6,141	9,819	9,819
Other financial assets		..	..	..
Inventories		3,558	4,383	4,383
Other	14	492	803	803
Non-financial assets held for sale		..	..	..
Total current assets		**50,095**	**49,317**	**49,485**
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment	15,17	255,872	263,381	254,978
Intangibles		645	1,391	1,025
Other		..	..	..
Total non-current assets		**256,517**	**264,772**	**256,003**
TOTAL ASSETS		**306,612**	**314,089**	**305,488**
CURRENT LIABILITIES				
Payables	16	16,746	24,670	23,638
Accrued employee benefits	18	20,006	20,219	21,419
Interest bearing liabilities and derivatives		..	..	..
Provisions		430	470	470
Other		1,600	6,124	6,124
Total current liabilities		**38,782**	**51,483**	**51,651**
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		**..**	**..**	**..**
TOTAL LIABILITIES		**38,782**	**51,483**	**51,651**
NET ASSETS/(LIABILITIES)		**267,830**	**262,606**	**253,837**
EQUITY				
TOTAL EQUITY	19	**267,830**	**262,606**	**253,837**

Cash flow statement

West Moreton Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
User charges and fees		600,663	626,876	632,129
Grants and other contributions		3,911	2,746	2,788
Interest and distribution from managed funds received		30	14	14
Taxes		..	..	..
Other		9,163	9,068	9,075
Outflows:				
Employee costs		(422,777)	(461,812)	(456,065)
Supplies and services		(164,382)	(170,661)	(162,093)
Grants and subsidies		(375)	(435)	(435)
Borrowing costs		..	..	..
Other		(7,223)	(2,261)	(2,338)
Net cash provided by or used in operating activities		**19,010**	**3,535**	**23,075**
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of non-financial assets		(79)	(79)	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
Outflows:				
Payments for non-financial assets		(4,254)	(5,908)	(4,908)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by or used in investing activities		**(4,333)**	**(5,987)**	**(4,908)**
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		4,254	5,113	4,908
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		(18,693)	(23,960)	(22,907)
Net cash provided by or used in financing activities		**(14,439)**	**(18,847)**	**(17,999)**
Net increase/(decrease) in cash held		**238**	**(21,299)**	**168**
Cash at the beginning of financial year		**39,666**	**55,611**	**34,312**
Cash transfers from restructure		..	..	..
Cash at the end of financial year		**39,904**	**34,312**	**34,480**

Explanation of variances in the financial statements

Income statement

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

1. The increase relates to additional funding provided through amendments to the Service Agreement with the Department of Health (the department) for the delivery of increased public hospital and health services.
2. The increase relates to the recognition of revenue for services provided at a cost below fair value by the department.
3. The increase relates to additional frontline staff required to service the growth in demand for healthcare services and implementation of integrated electronic Medical Record (ieMR).
4. The increase reflects growth in demand for healthcare services and activity. Additional expenses include clinical supplies, pathology, drugs, operating leases and electricity and implementation of ieMR.
5. The increase relates to a review of the useful lives of non-current assets and software, along with assets that were commissioned throughout the year.
6. The operating deficit relates to the Board approved utilisation of retained earnings for non-recurrent projects, including ieMR.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

7. The increase relates to additional funding provided through the Service Agreement with the department for increased service activity, additional block funded services, enterprise bargaining and depreciation.
8. The decrease relates to project finalisation for ieMR.
9. The decrease relates to project finalisation for ieMR.
10. The decrease relates to a review of the useful lives of non-current assets and software, along with assets to be commissioned in 2019-20.
11. The increase reflects the return to a balanced operating position.

Balance sheet

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

12. The decrease relates to utilisation of Board approved Retained Earnings for ieMR and other projects offset by additional cash on hand relating to increased payables.
13. The increase is due to additional funding payable from the department as a result of end of financial year technical adjustments.
14. The increase relates to unearned revenue for funding received in accordance with the Service Agreement with the department for activity not yet finalised.
15. The increase relates to the commissioning of non-current assets.
16. The increase is due to increase in expenses and the timing of payments to suppliers.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

17. The decrease relates to depreciation of non-current assets.
18. The increase is due to additional end of year accrual days for salaries and wages.
19. The decrease relates to the depreciation of non-current assets.

Wide Bay Hospital and Health Service

Overview

The Wide Bay Hospital and Health Service (HHS) is an independent statutory body overseen by a local Hospital and Health Board. The Wide Bay HHS delivers health services to more than 214,000 people across Wide Bay.

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 to people residing in a geographical area which incorporates the North Burnett, Bundaberg and Fraser Coast local government areas and part of Gladstone Regional Council (Miriam Vale).

The Wide Bay HHS is responsible for the direct management of the facilities and community health services based within the HHS's geographical boundaries including:

- Bundaberg Hospital
- Maryborough Hospital
- Hervey Bay Hospital
- Childers Multi-Purpose Health Service (MPHS)
- Mundubbera MPHS
- Gayndah Hospital
- Gin Gin Hospital
- Monto Hospital
- Biggenden MPHS
- Eidsvold MPHS
- Mount Perry Health Centre.

The Wide Bay HHS contributes to the Government's objectives for the community *Our Future State: Advancing Queensland's Priorities*, with a particular focus on Keep Queenslanders healthy and Give all our children a great start by delivering quality health care for the Wide Bay region in a way that responds to community needs, provides the right service, at the right time, in the right place and supports the people in the Wide Bay region to live the healthiest lives possible. The Wide Bay HHS's vision 'Care Comes First … Through Patients' Eyes' supports the directions outlined in *My health, Queensland's future: Advancing health 2026* for its healthcare priorities to provide patient-centred care. In this context, our strategic objectives are:

- enhance holistic health care
- deliver more care locally
- plan today for future infrastructure
- develop and support our staff
- excellence through innovation.

The Wide Bay HHS region has an ageing and on average relatively low socio-economic population with high levels of acute conditions and chronic diseases which place increasing demands on local public health services. However, clinical redesign programs, technology initiatives, new funding models, workforce development and strengthening partnerships with primary and aged care sectors will provide opportunities for future focus.

Service summary

The Wide Bay HHS has an operating budget of $644.7 million for 2019-20 which is an increase of $29.8 million from the published 2018-19 operating budget of $614.9 million.

During 2018-19, Wide Bay HHS implemented services to meet rising service demand including opening the new emergency department at Hervey Bay Hospital and opening two new medical wards in Bundaberg and Hervey Bay Hospitals. As a result of these strategies, the HHS has continued to meet or exceed waiting time and activity targets. Wide Bay HHS also undertook comprehensive planning activities, including delivering a health services plan looking to 2031-32, corresponding asset master planning looking at future service delivery options at all sites and digital hospital readiness activities.

As well as delivering core health services and key initiatives to improve patient outcomes, during 2019-20 Wide Bay HHS will:

- continue to progress planning for a new Bundaberg Hospital including identification of a suitable site
- continue to progress the business case for a new inpatient Mental Health Unit at Hervey Bay Hospital

- complete works to refurbish the Maryborough Hospital Emergency Department, Specialist Outpatient Department and front reception
- complete works to refurbish Gayndah Hospital and Eidsvold Multi-Purpose Health Service
- pilot the Nursing Ready Every Day program for delivering and monitoring high quality nursing care standards
- continue to progress the development of a local four-year post-graduate medical program under the Memorandum of Understanding between Wide Bay Hospital and Health Service, Central Queensland Hospital and Health Service, University of Queensland and Central Queensland University (CQU).

Service performance

Wide Bay Hospital and Health Service

Service Area Objective

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

Service Area 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.

Staffing[1,2,3,4,5]

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
3,132	3,180	3,266

Notes:

1. The 2018-19 Budget reflects the forecast full-time equivalents (FTEs) as at 30 June 2019 published in the 2018-19 *Service Delivery Statement* and based on funding provided in the initial 2018-19 Service Agreement.
2. The 2018-19 Estimated Actual reflects the estimated FTEs as at 30 June 2019.
3. The 2019-20 Budget represents the forecast FTEs as at 30 June 2020, based on the initial 2019-20 Service Agreement. FTEs are likely to increase as additional funding is provided throughout the year via the in-year Service Agreement amendment process.
4. The increase in FTE between 2018-19 Budget and 2018-19 Estimated Actual relates to additional funding provided throughout the year via the in-year Service Agreement amendment process. The primary areas of service activity increase include the opening of a second medical ward at Bundaberg Hospital and a patient flow unit at Hervey Bay Hospital.
5. The increase between the 2018-19 Estimated Actual and 2019-20 Budget relates to additional funding provided through the Service Agreement to account for growth in the provision of services across the Hospital and Health Service, predominantly with frontline staff.

Wide Bay Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Service Standards *Effectiveness measures* Percentage of emergency department patients seen within recommended timeframes[1]			
● Category 1 (within 2 minutes)	100%	99%	100%
● Category 2 (within 10 minutes)	80%	83%	80%
● Category 3 (within 30 minutes)	75%	73%	75%
● Category 4 (within 60 minutes)	70%	73%	70%
● Category 5 (within 120 minutes)	70%	91%	70%
Percentage of emergency department attendances who depart within 4 hours of their arrival in the department[2]	>80%	80%	>80%

Wide Bay Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Percentage of elective surgery patients treated within clinically recommended times[3]			
● Category 1 (30 days)	>98%	100%	>98%
● Category 2 (90 days)	>95%	100%	>95%
● Category 3 (365 days)	>95%	100%	>95%
Rate of healthcare associated Staphylococcus aureus (including MRSA) bloodstream (SAB) infections/10,000 acute public hospital patient days[4]	<2	0.6	<2
Rate of community mental health follow up within 1-7 days following discharge from an acute mental health inpatient unit[5]	>65%	70.4%	>65%
Proportion of re-admissions to acute psychiatric care within 28 days of discharge[6]	<12%	8.1%	<12%
Percentage of specialist outpatients waiting within clinically recommended times[7]			
● Category 1 (30 days)	98%	100%	98%
● Category 2 (90 days)	95%	100%	95%
● Category 3 (365 days)	95%	100%	95%
Percentage of specialist outpatients seen within clinically recommended times[8]			
● Category 1 (30 days)	98%	99%	98%
● Category 2 (90 days)	95%	96%	95%
● Category 3 (365 days)	95%	97%	95%
Median wait time for treatment in emergency departments (minutes)[9]	..	17	..
Median wait time for elective surgery treatment (days)[10]	..	28	..
Efficiency measure Average cost per weighted activity unit for Activity Based Funding facilities[11]	$4,793	$4,655	$4,687
Other measures Number of elective surgery patients treated within clinically recommended times[12]			
● Category 1 (30 days)	2,103	2,078	2,145
● Category 2 (90 days)	1,647	1,372	1,680
● Category 3 (365 days)	1,545	1,667	1,576
Number of Telehealth outpatient service events[13]	6,940	6,579	7,220
Total weighted activity units (WAUs)[14]			
● Acute Inpatient	57,069	55,040	56,265
● Outpatients	14,763	15,775	17,499

Wide Bay Hospital and Health Service	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
● Sub-acute	7,690	8,439	8,231
● Emergency Department	14,466	15,215	16,957
● Mental Health	3,626	3,952	4,296
● Prevention and Primary Care	3,307	3,994	3,299
Ambulatory mental health service contact duration (hours)[15]	>34,523	38,809	>34,523

Notes:

1. This is a measure of the access and timeliness of Emergency Department (ED) services. It reports the percentage of patients treated within the timeframes (in minutes) recommended by the Australasian College of Emergency Medicine. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, the Wide Bay HHS publicly funded EDs saw more than 100,000 presentations, over 1,200 more than the prior year. Over 3,000 more patients were seen in time than for the same period the prior year.
2. This is a measure of access and timeliness of ED services. Data sourced for this measure is from the Queensland Health Emergency Department Data Collection and manual submissions from Hospital and Health Services. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, over 2,000 more patients were 'seen and discharged or admitted within four hours' of their arrival to an emergency department this year compared to the same period in the prior year.
3. This is a measure of effectiveness that shows how hospitals perform in providing elective surgery services within the clinically recommended timeframe for each urgency category. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019.
4. This is a National Performance Agreement indicator and a measure of effectiveness of infection control programs and services in hospitals. Staphylococcus aureus are bacteria commonly found on around 30 per cent of people's skin and noses and often cause no adverse effects. Infections with this organism can be serious, particularly so when they infect the bloodstream. The data reported for this service standard are for bloodstream infections with Staphylococcus aureus (including methicillin resistant Staphylococcus aureus) and are reported as a rate of infection per 10,000 patient days. The Target/Estimate for this measure aligns with the national benchmark of 2 cases per 10,000 acute public hospital patient days.
5. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 31 March 2019. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. However, increased pressure on community and inpatient mental health services has seen increases in readmission rates and this is negatively impacting the rate of community follow up.
6. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 28 February 2019. This is a measure of the community support system that is in place for persons who have experienced an acute psychiatric episode requiring hospitalisation. Persons leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. Queensland's rate of readmission has remained relatively stable over the past five years, however it has not yet reached the nationally recommended target.
7. This is a measure of effectiveness that shows the percentage of patients waiting to have their first appointment (from the time of referral) with the health professional in an outpatient clinic, who were within the clinically recommended time. The figures provided include both Ready for Care and Not Ready for Care patients. Estimated Actuals for 2018-19 are as at 1 May 2019.
8. This is a measure of effectiveness that shows the percentage of patients who were seen within clinically recommended times. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. From 1 July 2018 to 30 April 2019, over 21,400 initial specialist outpatient appointments were provided, almost 2,000 more than the same period last year. Almost 1,800 more patients received their first appointment within the clinically recommended time compared to the same period in the prior year.
9. This measure indicates the length of time within which half of all people were seen in the ED (for all categories), from the time of presentation to being seen by a nurse or doctor (whichever was first). Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no nationally agreed target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
10. This is a measure of effectiveness that reports on the number of days within which half of all patients received elective surgery. Estimated Actuals for 2018-19 are for the period 1 July 2018 to 30 April 2019. The target for this measure was removed commencing from 2018-19. There is no national benchmark target for this measure, and the median wait time varies depending on the proportion of patients in each urgency category.
11. Activity Based Funding (ABF) defines public hospital activity in terms of a single measure called a Weighted Activity Unit (WAU). A WAU provides a common unit of comparison so that all activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care and mental health). The average cost per WAU represents the average cost per unit of activity for all activity types. Cost per WAU excludes Prevention and Primary Care, Specified Grants, Clinical Education and Training, Public Private Partnerships and Pharmaceutical Benefit Scheme. The 2018-19 Target/Estimate is

based on 2018-19 ABF funding per WAU. The 2018-19 Estimated Actual is based on 1 July 2018 to 31 March 2019 ABF cost per WAU. The 2019-20 Target/Estimate is based on 2019-20 ABF funding per WAU.

12. This is a measure of activity that reports the number of elective surgery patients who were treated within the clinically recommended time in each category. It shows the volume and timeliness of elective surgery services. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April 2019 and are annualised to derive an estimate for the full financial year.

13. This measure tracks the growth in non-admitted patient telehealth service events. Telehealth service events enable timely access to contemporary specialist services for patients from regional, rural and remote communities, and support a reduction in waiting times and costs associated with patient travel. 2018-19 Estimated Actuals are based on the period 1 July 2018 to 31 March 2019 and are annualised to derive an estimate for full financial year.

14. A Weighted Activity Unit (WAU) provides a common unit of comparison so that all public hospital activity can be measured consistently. Activity is weighted based on the 'efficient cost' of care provided to patients, across various treatment types (including acute inpatient, emergency department, outpatient services, sub-acute care, mental health and prevention and primary care). Estimated Actuals for 2018-19 are based on 2018-19 service agreements as updated in amendment window three in April 2019 to incorporate HHSs' activity forecasts. 2019-20 Target/Estimates are based on the 2019-20 purchased activity. The 2018-19 Target/Estimate is the reported target in the 2018-19 Service Delivery Statement updated to the Q21 Phase of the ABF model which underpins the 2018-19 and 2019-20 service agreements. The service agreement service stream 'Total WAUs – Interventions and procedures' has been reallocated between 'Total WAUs – Acute Inpatient Care' and 'Total WAUs – Outpatient Care' based on Inpatient vs Outpatient proportions. 'Total WAUs – Prevention and Primary Care' is comprised of BreastScreen and Dental WAUs.

15. Estimated Actuals for 2018-19 are based on the period 1 July 2018 to 30 April. This measure counts the number of in-scope ambulatory mental health service contact hours, based on the national definition and calculation of service contacts and duration. The 2019-20 Target/Estimate is calculated based on available clinician hours multiplied by an agreed output factor, weighted for locality and may be reduced from previous years due to movement in reported available clinician hours. This methodology results in a stretch performance target for many services, and it is not expected that all services will necessarily meet the target every year.

Income statement

Wide Bay Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
INCOME				
User charges and fees		606,254	611,956	630,017
Grants and other contributions	1	4,174	9,870	10,003
Interest and distributions from managed funds		43	43	43
Other revenue		4,356	4,656	4,630
Gains on sale/revaluation of assets		40	40	10
Total income		**614,867**	**626,565**	**644,703**
EXPENSES				
Employee expenses		68,622	68,724	70,442
Supplies and Services:				
Other supplies and services		187,703	185,960	189,320
Department of Health contract staff		338,682	339,079	358,732
Grants and subsidies		..	..	..
Depreciation and amortisation	2,5	18,739	17,785	19,633
Finance/borrowing costs		..	..	..
Other expenses	3	707	6,003	6,162
Losses on sale/revaluation of assets		414	414	414
Total expenses		**614,867**	**617,965**	**644,703**
OPERATING SURPLUS/(DEFICIT)	**4,6**	**..**	**8,600**	**..**

Balance sheet

Wide Bay Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CURRENT ASSETS				
Cash assets	7	15,754	34,247	35,291
Receivables		7,241	7,176	7,318
Other financial assets		..	..	..
Inventories		4,852	4,634	4,668
Other		357	329	362
Non-financial assets held for sale		..	..	..
Total current assets		**28,204**	**46,386**	**47,639**
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment	8	298,593	324,033	330,231
Intangibles		1	14	2
Other		..	..	..
Total non-current assets		**298,594**	**324,047**	**330,233**
TOTAL ASSETS		**326,798**	**370,433**	**377,872**
CURRENT LIABILITIES				
Payables	9	28,952	30,616	31,869
Accrued employee benefits		2,647	2,497	2,497
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		384	121	121
Total current liabilities		**31,983**	**33,234**	**34,487**
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		**..**	**..**	**..**
TOTAL LIABILITIES		**31,983**	**33,234**	**34,487**
NET ASSETS/(LIABILITIES)		**294,815**	**337,199**	**343,385**
EQUITY				
TOTAL EQUITY	10	**294,815**	**337,199**	**343,385**

Cash flow statement

Wide Bay Hospital and Health Service	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
User charges and fees		619,816	631,818	629,579
Grants and other contributions		4,174	4,574	4,574
Interest and distribution from managed funds received		43	43	43
Other		18,347	18,647	18,621
Outflows:				
Employee costs		(68,373)	(68,475)	(70,442)
Supplies and services		(539,308)	(546,962)	(560,975)
Grants and subsidies		..	..	..
Borrowing costs		..	..	..
Other		(707)	(707)	(733)
Net cash provided by or used in operating activities		**33,992**	**38,938**	**20,667**
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of non-financial assets		40	40	10
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
Outflows:				
Payments for non-financial assets		(4,583)	(6,701)	(3,694)
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by or used in investing activities		**(4,543)**	**(6,661)**	**(3,684)**
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		4,583	6,011	3,694
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		(18,739)	(17,785)	(19,633)
Net cash provided by or used in financing activities		**(14,156)**	**(11,774)**	**(15,939)**
Net increase/(decrease) in cash held		**15,293**	**20,503**	**1,044**
Cash at the beginning of financial year		**461**	**13,744**	**34,247**
Cash transfers from restructure		..	..	..
Cash at the end of financial year		**15,754**	**34,247**	**35,291**

Explanation of variances in the financial statements

Income statement

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

1. The increase relates to the recognition of revenue for services provided at a cost below fair value by the Department of Health (the department).
2. The decrease relates to a review of the useful lives of non-current assets.
3. The increase relates to the recognition of expense for services provided at a cost below fair value by the department.
4. The increase reflects the forecast operating surplus, which is due to the continued focus on financial sustainability and planning for rollout of the integrated electronic Medical Record.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

5. The increase relates to full year impact of assets commissioned during 2017-18 and new assets commissioned during 2019-20.
6. The decrease reflects the return to a balanced operating position.

Balance sheet

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

7. The increase relates primarily to the surplus achieved in 2017-18 and the forecast surplus position for 2018-19.
8. The increase relates primarily to capital works in progress expenditure, mainly for construction costs for the new Hervey Bay Emergency Department facility.
9. The increase is due to the timing of payments to suppliers.
10. The increase relates to reimbursement for capital works in progress expenditure, mainly for construction costs for the new Hervey Bay Emergency Department facility, along with an increase in accumulated surplus due to the surplus the 2017-18 year and forecast surplus for 2018-19.

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, established as a statutory body under the *Queensland Institute of Medical Research Act 1945*. QIMR Berghofer's research focuses on four major areas: cancer, infectious diseases, mental health and chronic disorders. QIMR Berghofer aims to improve health by developing prevention strategies, new diagnostics and better health treatments.

Its current strategic objectives are to:

- foster scientific excellence, including training researchers of the future
- build scientific, institutional and international connectivity
- undertake research with clinical, economic and community consequences.

The realisation of QIMR Berghofer's strategic objectives depends on the Institute's success in securing funding from government and non-government sources. In 2019-20, QIMR Berghofer will receive $18.9 million from the Queensland Government, representing approximately 15 per cent of total revenue. This, after competitive peer-reviewed medical research grants, is QIMR Berghofer's most significant source of funding. The State Government grant, and the support operations it finances, enables QIMR Berghofer to leverage this funding to secure competitive peer-reviewed medical research grants, donations, and commercial/other income. With competition for research grants increasing nationally, investment is crucial to ensure that QIMR Berghofer can leverage national funding schemes such as the Medical Research Future Fund.

QIMR Berghofer contributes to the Government's objectives for the community *Our Future State: Advancing Queensland's Priorities*:

- Keep Queenslanders healthy and Give all our children a great start by translating the knowledge we produce and discoveries we make into new prevention strategies and improved clinical practice, thereby strengthening our public health system
- Create jobs in a strong economy by leveraging government support five-fold annually.

The Institute is highly attuned to the health needs of Queenslanders and health challenges facing the state. As such, QIMR Berghofer has attracted and retained more than 900 leading researchers, visiting scientists, students and support staff. In conducting its research, QIMR Berghofer promotes and develops links with industry, helping to broaden and deepen Queensland's economic base. The Institute's major research areas align with the needs of Queensland. This includes a strong focus on preventing cancer, chronic diseases, and mental health and neurodegenerative conditions.

Service summary

QIMR Berghofer is Queensland's statutory medical research institute. The Institute interacts broadly and deeply with the state's Hospital and Health Services, others engaged in medical research and communities throughout Queensland.

During 2018–19, QIMR Berghofer:

- showed in a phase I clinical trial that a new cellular immunotherapy for multiple sclerosis improved symptoms and quality of life for the majority of patients
- led 22 clinical trials of new treatments and vaccines
- led the way in getting Australia and New Zealand's peak bodies to reach a consensus on changing their sunscreen policies to recommend daily use
- published the findings of a clinical trial of a new cellular immunotherapy for viral complications in organ transplant recipients and found that 11 out of 13 patients showed improved symptoms
- found that more than 200,000 cancer cases could be avoided in Australia over the next 25 years if people maintained a healthy weight and exercised within recommended guidelines
- expanded its collaboration with US biopharmaceutical company Atara Biotherapeutics
- found that Australia has overtaken New Zealand and once again has the world's highest rates of invasive melanoma

- expanded its cell manufacturing facility, Q-Gen Cell Therapeutics, and increased manufacturing of therapies for industry and academic partners
- discovered that the dengue mosquito – found from North Queensland to the Wide Bay region – poses the greatest danger of spreading the Zika virus in Australia, and separately, used a new technique to analyse the thousands of different ways the Zika virus can mutate
- established new collaborations with Children's Health Queensland
- launched the Australian Genetics of Bipolar Disorder Study, which aims to identify the genes that predispose people to bipolar disorder – a cause of suicide – and determine how they respond to medication
- created functioning miniature human heart muscle, which will speed up research into heart disease and treatments
- generated one of the most extensive computer models of how brain waves interact and change in the brain.

In 2019-20, QIMR Berghofer will:

- continue to develop and trial new immunotherapies and cell therapies to treat cancer and other diseases
- test at least two new anti-malarial drugs in the Institute's 'human challenge' trials and work with international partners to develop combination anti-malarials and to test ways to boost natural immunity resulting from natural malaria infections
- launch the Australian arm of the world's largest genetic study of Parkinson's disease progression and prognosis
- as part of Australia's largest skin cancer study, QSkin, compare genetic and epidemiological data from thousands of Queenslanders to better understand skin cancer and melanoma and how to control these very common cancers
- keep investigating the links between obesity and cancer and chronic diseases
- continue to move research on the use of drugs that alter the epigenome closer to clinical use
- begin to analyse genetic data collected as part of the Australian arm of the world's largest genetic study of clinical depression, which aims to identify how a person's genes influence their risk of developing depression and their response to treatment
- continue to lead community engagement with Queensland's Indigenous communities to increase awareness of the benefits of genomic analysis
- expand our engagement in studies related to nutrition.

Staffing[1,2,3,4]

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
529	529	504

Notes:

1. The 2018-19 Budget reflects the forecast full-time equivalents (FTEs) as at 30 June 2019 published in the 2018-19 Service Delivery Statement.
2. The 2018-19 Estimated Actual reflects the estimated FTEs as at 30 June 2019.
3. The 2019-20 Budget represents the forecast FTEs as at 30 June 2020. The reduction from 2018-19 Estimated Actual reflects research project requirements consistent with the expected level of grant funding.
4. The FTE figures do not include visiting scientists/affiliates, students, external collaborators on site or casual staff.

Income statement

Council of the Queensland Institute of Medical Research	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
INCOME				
Taxes		..	..	..
User charges and fees	1,7	36,163	25,792	33,997
Grants and other contributions	2,8	77,494	74,615	77,170
Interest and distributions from managed funds	3	750	7,472	6,431
Other revenue	4	2,450	313	594
Gains on sale/revaluation of assets	5,9	10,946	11,601	6,031
Total income		**127,803**	**119,793**	**124,223**
EXPENSES				
Employee expenses		67,789	65,050	65,898
Supplies and services	6,10	34,703	30,884	35,147
Grants and subsidies		..	..	..
Depreciation and amortisation		12,686	12,514	12,551
Finance/borrowing costs		..	..	..
Other expenses		12,376	10,037	10,374
Losses on sale/revaluation of assets		249	1,308	253
Total expenses		**127,803**	**119,793**	**124,223**
OPERATING SURPLUS/(DEFICIT)		**..**	**..**	**..**

Balance sheet

Council of the Queensland Institute of Medical Research	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CURRENT ASSETS				
Cash assets	11	18,546	11,699	11,737
Receivables	12,16	3,464	6,526	3,398
Other financial assets	17	14,000	12,000	17,000
Inventories		253	276	276
Other		207	246	246
Non-financial assets held for sale		..	..	..
Total current assets		**36,470**	**30,747**	**32,657**
NON-CURRENT ASSETS				
Receivables	13	..	5,500	5,500
Other financial assets	14,17	125,950	140,550	147,288
Property, plant and equipment		282,200	278,567	270,154
Intangibles		292	281	209
Other		..	..	..
Total non-current assets		**408,442**	**424,898**	**423,151**
TOTAL ASSETS		**444,912**	**455,645**	**455,808**
CURRENT LIABILITIES				
Payables		4,547	7,435	7,597
Accrued employee benefits		4,178	5,187	5,307
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other	15	25,058	35,602	35,483
Total current liabilities		**33,783**	**48,224**	**48,387**
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		772	..	..
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		..	..	..
Total non-current liabilities		**772**	**..**	**..**
TOTAL LIABILITIES		**34,555**	**48,224**	**48,387**
NET ASSETS/(LIABILITIES)		**410,357**	**407,421**	**407,421**
EQUITY				
TOTAL EQUITY		**410,357**	**407,421**	**407,421**

Cash flow statement

Council of the Queensland Institute of Medical Research	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
User charges and fees		37,991	29,894	37,125
Grants and other contributions		78,129	81,242	77,051
Interest and distribution from managed funds received		750	7,421	6,431
Taxes		..	..	..
Other		2,450	(5,192)	594
Outflows:				
Employee costs		(67,680)	(65,561)	(65,778)
Supplies and services		(35,796)	(17,543)	(35,424)
Grants and subsidies		..	..	..
Borrowing costs		..	..	..
Other		(12,187)	(9,602)	(9,939)
Net cash provided by or used in operating activities		**3,657**	**20,659**	**10,060**
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of non-financial assets		..	(227)	..
Investments redeemed		15,000	22,344	12,600
Loans and advances redeemed		..	..	..
Outflows:				
Payments for non-financial assets		(8,457)	(8,249)	(4,316)
Payments for investments		(9,300)	(40,457)	(18,306)
Loans and advances made		..	..	..
Net cash provided by or used in investing activities		**(2,757)**	**(26,589)**	**(10,022)**
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		..	..	..
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	..
Net cash provided by or used in financing activities		**..**	**..**	**..**
Net increase/(decrease) in cash held		**900**	**(5,930)**	**38**
Cash at the beginning of financial year		**17,646**	**17,629**	**11,699**
Cash transfers from restructure		..	..	..
Cash at the end of financial year		**18,546**	**11,699**	**11,737**

Explanation of variances in the financial statements

Income statement

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

1. The 2018-19 Estimated Actual compared to the 2018-19 Budget reflects the impact of lower industry partner contract research revenue combined with amended timing of commercial income.
2. The 2018-19 Estimated Actual forecasts a reduction in grant and fundraising income compared to the 2018-19 Budget, reflecting the highly competitive environment for both National Health and Medical Research Council (NHMRC) funding and community donations.
3. The 2018-19 Estimated Actual includes distributions from managed fund investments while the budget is included in gains on sale/revaluation of assets. Total investment returns are forecast to be 4% for the year (based on lower returns realised in the first half of the year), compared to 8% budgeted.
4. The 2018-19 Budget included dividends from subsidiary Q-Pharm Pty Ltd. Following sale of Q-Pharm, no returns will be received.
5. The 2018-19 Estimated Actual includes the net impact from the sale of subsidiary Q-Pharm Pty Ltd. This is partly offset by lower returns in the first half of the financial year on invested funds.
6. Lower spending on supplies in the 2018-19 Estimated Actual in line with the reduction in research grant income compared to 2018-19 Budget.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

7. Changes to the timing of commercialisation income is the reason for this variation.
8. The 2019-20 fundraising targets are budgeted to increase from the 2018-19 Estimated Actual with additional initiatives planned. In addition, a modest increase in grant income is expected compared to the 2018-19 Estimated Actual.
9. Investment returns for 2018-19 are budgeted to return to long term trend levels of 8% compared to the lower forecast of 4% in 2018-19 Estimated Actual. In addition, the 2018-19 Estimated Actual includes the sale of subsidiary Q-Pharm Pty Ltd.
10. Increased supplies and services in the 2019-20 Budget arise predominantly due to additional grant and donation funds expected to be received for investment in research activities.

Balance sheet

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

11. The decrease in the 2018-19 Estimated Actual cash balance is due to lower grant and fundraising income.
12. The Receivables balance expected at June in 2018-19 Estimated Actual reflects the contractual timing of invoicing of commercial income.
13. The balance of non-current receivables in 2018-19 Estimated Actual arises from the timing of payments from the sale of assets.
14. The expected higher value of QIMR Berghofer's long term investments in the 2018-19 Estimated Actual reflects the higher opening balance than in the 2018-19 Budget and lower redemptions required to fund the ongoing research in the current year, offset in part by the lower returns expected in 2018-19.
15. The increase in Other in 2018-19 Estimated Actual reflects a net increase of unearned revenue related to grant and commercial research projects.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

16. The Receivables balance expected at June in 2019-20 Budget reflects the budget target balance whereas the Estimated Actual balance reflects expected timings of commercial receivables.
17. Net invested funds are budgeted to grow due to increased commercialisation income and the recovery of investment return from the 4% Estimated Actual to the budget target level of 8%.

Queensland Mental Health Commission

Overview

The Queensland Mental Health Commission (the Commission) was established on 1 July 2013 as an independent statutory body under the *Queensland Mental Health Commission Act 2013*.

The Commission's vision is Queenslanders working together to improve mental health and wellbeing.

The Commission's purpose is to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health, alcohol and other drugs service system in Queensland, with a broad objective to improve the mental health and wellbeing of Queenslanders by:

- reaching consensus on and making progress towards achieving system-wide reforms
- maximising the collective impact of lived experience and professional expertise.

The Commission contributes to the Government's objectives for the community *Our Future State: Advancing Queensland's Priorities* to Keep Queenslanders healthy and Give all our children a great start through the development and implementation of a well aligned *Shifting Minds: Queensland Mental Health, Alcohol and Other Drugs Plan 2018–2023 which focuses on*:

- better lives through person-centred and integrated services
- investing to save through improved population mental health and early intervention
- whole-of-system improvement through a balanced approach and collective action.

This contribution is further enhanced through a specifically focused suicide prevention strategy, including an Aboriginal and Torres Strait Islander suicide prevention initiative.

Through a whole-of-government approach, the Commission facilitates collaboration across government and the broader mental health and alcohol and drug sector to encourage and foster activities that improve the mental health and wellbeing of all Queenslanders.

Service summary

The Commission has an operating budget of $9.03 million for 2019–20 reflecting minimal variation with the published 2018–19 operating budget.

During 2018–19, the Commission released *Shifting Minds: Queensland Mental Health, Alcohol and Other Drugs Plan 2018–2023*, the renewed whole-of-government strategic plan for mental health.

Key deliverables for 2018–19 aligned with the focus areas of this plan and included:

Better lives through person-centred and integrated services

- continued advocacy for and monitoring of human rights protection for people being treated involuntarily for a mental illness
- reviewed strategies for reducing stigma and discrimination for people experiencing problematic alcohol and other drug use.

Invest to save through improved population mental health and early intervention

- continued the Wheel of Wellbeing support program to support and sustain increased cross-sectoral mental health and wellbeing capacity
- evaluated and continued to support the Regional Mental Health and Wellbeing Hubs initiative.

Whole-of-system improvement through a balanced approach and collective action

- in consultation with key stakeholders, commenced development of a renewed whole-of-government Queensland suicide prevention plan and alcohol and other drugs strategy
- progressed a targeted research project examining the impact of stigma and discrimination relating to alcohol and drug use on Aboriginal and Torres Strait Islander communities, families and individuals
- hosted a Gayaa Dhuwi (Proud Spirit) Declaration and Indigenous Governance Framework workshop, attended by Queensland and national government agencies and Aboriginal and Torres Strait Islander community-controlled health organisations, to discuss implementation of the declaration and framework

- held the Leading Reform summit in November 2018, bringing more than 250 leaders of the mental health and alcohol and other drug sector together to promote collective action and responsibility for reform.

During 2019–20, the Commission will continue its contribution to achieving the priorities of *Shifting Minds: Queensland Mental Health, Alcohol and Other Drugs Plan 2018–2023,* including:

Better Lives through person-centred and integrated services

- Stretch2Engage framework initiative, designed to improve consumer engagement in required programs and services, to be rolled out to six sites across public, private and non-government mental health, alcohol and other drug services
- an assessment of strategies to improve physical health of people impacted by mental health, problematic alcohol and other drug use and suicide in line with the National Equity Census initiative undertaken by the National Mental Health Commission
- a research project undertaken to examine the impact of stigma and discrimination relating to problematic alcohol and other drug use on Aboriginal and Torres Strait Islander communities, families and individuals
- support the expansion of National Way Back Suicide Support Service across Queensland
- support the trial of new crisis care service options across Queensland.

Invest to save through improved population mental health and early intervention

- in partnership with the Department of Aboriginal and Torres Strait Islander Partnerships, support work with communities to co-design strategies for improving; mental health, responses to problematic substance abuse, suicide prevention and early years wellbeing
- in partnership with the Department of Child Safety, Youth and Women, develop a Queensland Aboriginal and Torres Strait Islander Healing Strategy using co-design principles under the governance of the First Children Families Board
- in collaboration with each community, assist the regional Mental Health and Wellbeing Hubs to transition to sustainable models under community leadership
- progress the Maranoa Region, place-based suicide prevention initiative trial, to be conducted over two years.

Whole-of-system improvement through a balanced approach and collective action

- in consultation with key stakeholders, finalise and release a:
  - renewed whole-of-government suicide prevention plan for Queensland
  - whole-of-government alcohol and other drugs strategy for Queensland
- hold a second Leading Reform summit, to build on the success of the 2018 summit to bring together representatives from the mental health, alcohol and other drugs, sector and industry partners to host a strategic conversation on *Shifting Minds: Queensland Mental Health, Alcohol and Other Drugs Plan 2018–2023* implementation released in 2018
- support an increase to the level of investment in mental health community support services delivered through Non-Government Organisations.

Service performance

Queensland Mental Health Commission

Service Area 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, drug and alcohol system in Queensland.

Service Area Description

The Commission's key functions are to:

- develop and review the whole-of-government strategic plan for mental health, alcohol and other drugs and facilitate, monitor and report on its implementation
- undertake and facilitate reviews, research and reports that support better outcomes for people experiencing mental health difficulties, mental illness and problematic alcohol and other drug use as well as people impacted by suicide
- coordinate, facilitate and support mental health awareness and promotion activities

- engage and enable the mental health alcohol and other drug sectors by establishing and supporting state wide mechanisms that are collaborative, representative, transparent and accountable.

Staffing[1,2,3]

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
18	21	23

Notes:

1. The 2018-19 Budget reflects the forecast full-time equivalents (FTEs) as at 30 June 2019 published in the 2018-19 *Service Delivery Statement*.
2. The 2018-19 Estimated Actual reflects the estimated FTEs as at 30 June 2019.
3. The 2019-20 Budget represents the forecast FTEs as at 30 June 2020.

Queensland Health	2018-19 Target/Est	2018-19 Est Actual	2019-20 Target/Est
Service: Queensland Mental Health Commission			
Service standards *Effectiveness measure* Stakeholder satisfaction with:			
● opportunities to provide those with lived experience, support person and provider perspectives on mental health and substance misuse issues[1, 2]	75%	55%	60%
● extent to which those with lived experience and provider perspectives are represented in strategic directions articulated by the Commission to improve the system[1]	75%	60%	65%
● the range of stakeholders involved in developing and implementing solutions[1]	75%	55%	60%
Efficiency measures[3]			

Notes:

1. In 2018–19, the Commission continued to engage an independent organisation to evaluate its effectiveness. An annual survey was conducted in mid-2018, the data from which was compared to results from previous years. Incremental improvement is reflected across most areas with the 2018-19 Estimated Actual figures reflecting a four-year result (2014-15 to 2017-18). Incremental improvements are expected to continue which has been reflected in the 2019-20 Target Estimate figures. The initial 75 per cent satisfaction level was formulated prior to fully understanding the timeframe needed for reforms to take effect. The Commission is progressively increasingly the range and depth of consultation and collaboration in specific projects and focusing more strongly on those with lived experience and vulnerable groups. A refreshed whole-of-government Strategic Plan has enabled the Commission to confirm key areas of priority through sector consultation and engagement, which focus more strongly on those with lived experience and vulnerable groups. With these mechanisms in place this satisfaction level is considered a more attainable target over the next five years.
2. Support persons include families, carers and other supports.
3. Efficiency measures are being considered for this service area for inclusion in a future Service Delivery Statement.

Income statement

Queensland Mental Health Commission	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
INCOME				
Taxes		..	..	..
User charges and fees		..	..	..
Grants and other contributions		8,876	8,876	8,883
Interest and distributions from managed funds		150	150	150
Other revenue		..	..	..
Gains on sale/revaluation of assets		..	..	..
Total income		**9,026**	**9,026**	**9,033**
EXPENSES				
Employee expenses	1	2,961	2,961	3,290
Supplies and services		3,166	3,260	3,120
Grants and subsidies		2,850	2,756	2,574
Depreciation and amortisation		20	20	20
Finance/borrowing costs		..	..	..
Other expenses		29	29	29
Losses on sale/revaluation of assets		..	..	..
Total expenses		**9,026**	**9,026**	**9,033**
OPERATING SURPLUS/(DEFICIT)		**..**	**..**	**..**

Balance sheet

Queensland Mental Health Commission	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CURRENT ASSETS				
Cash assets	2	2,960	3,191	3,211
Receivables		106	91	91
Other financial assets		..	..	..
Inventories		..	..	..
Other		..	..	..
Non-financial assets held for sale		..	..	..
Total current assets		**3,066**	**3,282**	**3,302**
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment		60	61	41
Intangibles		..	..	..
Other		..	..	..
Total non-current assets		**60**	**61**	**41**
TOTAL ASSETS		**3,126**	**3,343**	**3,343**
CURRENT LIABILITIES				
Payables	3	723	332	332
Accrued employee benefits	4	122	142	142
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other	5	63	32	32
Total current liabilities		**908**	**506**	**506**
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other	6	..	25	25
Total non-current liabilities		**..**	**25**	**25**
TOTAL LIABILITIES		**908**	**531**	**531**
NET ASSETS/(LIABILITIES)		**2,218**	**2,812**	**2,812**
EQUITY				
TOTAL EQUITY		**2,218**	**2,812**	**2,812**

Cash flow statement

Queensland Mental Health Commission	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
User charges and fees		..	..	..
Grants and other contributions		8,876	8,876	8,883
Interest and distribution from managed funds received		150	150	150
Taxes		..	..	..
Other		..	..	..
Outflows:				
Employee costs		(2,961)	(2,961)	(3,290)
Supplies and services		(3,166)	(3,260)	(3,120)
Grants and subsidies		(2,850)	(2,756)	(2,574)
Borrowing costs		..	..	..
Other		3	3	(29)
Net cash provided by or used in operating activities		**52**	**52**	**20**
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of non-financial assets		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
Outflows:				
Payments for non-financial assets		..	..	..
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by or used in investing activities		**..**	**..**	**..**
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		..	..	..
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	..
Net cash provided by or used in financing activities		**..**	**..**	**..**
Net increase/(decrease) in cash held		**52**	**52**	**20**
Cash at the beginning of financial year		**2,908**	**3,139**	**3,191**
Cash transfers from restructure		..	..	..
Cash at the end of financial year		**2,960**	**3,191**	**3,211**

Explanation of variances in the financial statements

Income statement

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

1. Reflects funding for an anticipated increase of temporary staffing of five full time equivalents.

Balance sheet

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

2. Reflects a number of consultancy contracts not delivered in the current year.
3. Reflects improvements in the timeliness of invoice payments.
4. Reflects expenditure for increased temporary staffing of three full time equivalents.
5. Reclassification of lease liability between current and non-current.
6. Reclassification of lease liability between current and non-current.

Office of the Health Ombudsman

Overview

The Health Ombudsman, supported by the Office of the Health Ombudsman (OHO), commenced dealing with health complaints on 1 July 2014.

The OHO's vision is to influence the delivery of safe, competent and ethical health services that are responsive to consumer complaints. The OHO will seek to achieve this vision through the following objectives:

- Take proportionate and timely action in response to serious complaints and notifications about health practitioners by:
    - identifying and quantifying risk through prompt and effective triage and assessment including the taking and monitoring of immediate action
    - investigating complaints and notifications in a comprehensive, fair and independent manner
    - prosecuting matters through the Queensland Civil and Administrative Tribunal (QCAT) in a professional and impartial way.
- Identify and analyse systemic issues impacting on the delivery of health services, the regulation of health practitioners and management of health complaints by:
    - analysing complaints and other data to identify relevant issues and trends relating to the delivery of health services
    - undertaking effective and targeted own-initiative investigations
    - monitoring and reporting on the health regulation and complaints management landscape.
- Facilitate the effective and efficient management and resolution of health service complaints by:
    - providing an accessible, sustainable and effective process for receiving, assessing, resolving, conciliating and/or referring complaints about health practitioners and health services
    - assisting people to navigate through the complaints and regulatory system
    - empowering consumers and supporting providers to resolve appropriate complaints themselves
    - partnering with our co-regulators and other stakeholders to ensure the consistent, efficient and appropriate response to complaints and concerns.
- Operate an accountable and performance-driven organisation by:
    - recruiting, training and supporting a skilled, capable and engaged workforce
    - fostering a culture of collaboration based on shared values
    - developing capable leaders
    - ensuring systems, policies, procedures and work practices support and enhance the work of the office
    - achieving transparent and measurable outcomes.

The OHO contributes to the Government's objectives for the community *Our Future State: Advancing Queensland's Priorities*:

- Keep Queenslanders healthy by protecting the health and safety of consumers and promoting high standards in health service delivery
- Be a responsive government by facilitating responsive complaint management.

Key factors impacting on the OHO include:

- continued increases in contacts, which impact the ability to meet legislated timeframes. Between 1 July 2018 and 30 April 2019, 6,873 complaints and 3,229 enquiries were received, an increase of 21 per cent in complaints and a 7 per cent in total contacts compared to the same period in 2017-18
- a significant number of particular cases with the OHO's Director of Proceedings that need to be considered for filing and prosecution through QCAT. This high number of cases has resulted from significantly increased productivity within the Investigations Division in 2017-18 to address the number of open aged cases. As at 30 April 2019, there were 125 matters awaiting action by Director of Proceedings, reduced from 163 in April 2018.

Importantly, the OHO has either maintained or improved performance in key areas. Of particular note, between 1 July 2018 and 30 April 2019 the OHO:

- completed 98 per cent of assessments within legislated timeframes, compared with 72 per cent in 2017-18 and 59 periods in 2016-17

- finalised 69 per cent investigations within 12-months, compared with 44 per cent and 41 per cent for the same periods in 2017-18 and 2016-17, respectively
- filed 59 referrals for disciplinary matters with the QCAT, compared with 31 for the same period in 2017-18.

Service summary

The OHO has an operating budget of $22.2 million for 2019-20, equal to the published 2018-19 operating budget of $22.2 million.

Key initiatives focused on in 2018-19 include:

- trialling a joint consideration process which provides the Australian Health Practitioner Regulation Agency with input into decisions concerning dental practitioners
- improving internal governance frameworks, systems and processes, particularly in the area of corporate services, and implementing a quality assurance framework within the Assessment and Resolution Division
- a greater focus on identifying and conducting investigations into systemic issues
- becoming more accessible and responsive to the needs of Aboriginal and Torres Strait Islander peoples
- developing strategies to assist consumers in progressing low risk health complaints directly with their health provider, prior to contacting the OHO
- continuing to build good working relationships with stakeholders
- implementation of legislative amendments.

In 2019-20 the OHO will focus on:

- continuing to take the necessary steps to maintain performance against legislative timeframes in the face of continuing increases in complaints received
- full implementation of a quality assurance framework across key divisions
- full implementation of a joint consideration process for all registered practitioner matters
- increasing focus on education and support to consumers, practitioners and health services in relation to complaints management.

Service performance

Office of the Health Ombudsman

Service Area Objective

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

Service Area Description

The Office of the Health Ombudsman:

- receives and assesses complaints and notifications about health services and health service providers, including registered and unregistered health practitioners
- refers, informally resolves/conciliates and/or investigates complaints and notifications including, in certain instances, taking immediate action to protect the safety of the public
- prosecutes serious disciplinary matters involving registered and unregistered practitioners through QCAT
- undertakes investigations of systemic health service issues and monitors compliance of practitioners subject to immediate action.

Staffing[1,2,3]

2018-19 Budget	2018-19 Estimated Actual	2019-20 Budget
137	137	137

Notes:

1. The 2018-19 Budget reflects the forecast full-time equivalents (FTEs) as at 30 June 2019 published in the 2018-19 *Service Delivery Statement*.
2. The 2018-19 Estimated Actual reflects the estimated FTEs as at 30 June 2019.
3. The 2019-20 Budget represents the forecast FTEs as at 30 June 2020.

Queensland Health	**2018-19 Target/Est**	**2018-19 Est Actual**	**2019-20 Target/Est**
Service: Office of the Health Ombudsman			
Service standards *Effectiveness measure* Percentage of complaints received and accepted within seven days[1]	90%	87%	90%
Percentage of complaints assessed within timeframes[2]	90%	98%	90%
Percentage of complaints resolved within timeframes[3]	100%	100%	100%
Percentage of investigations finalised within 12 months[4]	80%	69%	75%
Percentage of clients satisfied with the complaint management process[5]	80%	65%	80%
Percentage of disciplinary matters in which Queensland Civil and Administrative Tribunal (QCAT) decides there is a case to answer[6]	90%	100%	90%
Percentage of immediate action decisions upheld by QCAT at review hearings[7]	90%	..	90%
Efficiency measure[8]			

Notes:

1. This is a measure of timeliness of services provided. The 2019-20 Target/Estimate has been maintained at 90 per cent to reflect that the seven-day timeframe for intake decisions is mandated in the Health Ombudsman Act 2013 (the Act). The high and increasing volume of contacts has impacted on the office's ability to process all matters within the seven-calendar day timeframe.
2. This is a measure of timeliness of services provided. The 2019-20 Target/Estimate has been maintained at 90 per cent to reflect that the 30 to 60-day timeframe for assessment decisions is mandated in the Act.
3. This measure is related to local resolution services provided within the required timeframe.
4. This is a measure related to the services provided within the required timeframe. This measure reports the percentage of investigations that are effectively managed and finalised within a 12-month period. Certain matters may be referred to an external agency, such as the Queensland Police Service while criminal proceedings take place. The OHO effectively pauses the investigation as it is not appropriate for the OHO to conduct any investigations that may impede an agency's processes. As a result, the OHO investigation of these matters is on hold until the external agency finalises its processes. The length of time another agency takes to finalise its investigation is outside the control of the OHO. Paused matters make up approximately one quarter of open investigations and the target has been lowered to account for this however, it should be noted that the estimated 69 per cent is an improvement on the 46 per cent achieved in 2017-18 and the 42 per cent achieved in 2016-17.
5. This service standard is a measure of the quality of services provided to clients. This service standard reports the level of client satisfaction for the complaint management service. The client satisfaction survey captures opinion trends in relation to a range of service quality measures, which are used to inform improvement initiatives. Values are compiled and averaged to obtain an overall satisfaction score.
6. This service standard is a measure of the effectiveness of OHO investigations and prosecutions in bringing disciplinary proceedings before QCAT. This includes the sufficiency of evidence and that public interest factors are appropriately considered. Matters are referred to the Director of Proceedings (DoP) following an investigation; the DoP must then decide whether to refer the matter to QCAT for it to hear and decide the matter. As of 30 April 2019, fifteen decisions had been handed down by QCAT within the 2018-19 year. To clarify this service standard, a 'case to answer' means that QCAT has upheld all or part of the case against the practitioner.
7. This service standard acts a measure of the effectiveness of OHO's management of its immediate action function. When immediate action is taken, a practitioner can appeal to QCAT to review the decision. QCAT will decide whether the immediate action is upheld, amended or overturned. As of 30 April 2019, no decisions on immediate action review requests had been handed down by QCAT within the 2018-19. To clarify this service standard, 'upheld' means that QCAT has upheld all or part of the case against the practitioner.
8. An efficiency measure is being investigated and will be included in a future *Service Delivery Statement*.

Income statement

Health Ombudsman	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
INCOME				
Taxes		..	..	..
User charges and fees		..	..	..
Grants and other contributions		22,072	22,072	22,072
Interest and distributions from managed funds		95	95	95
Other revenue		5	5	5
Gains on sale/revaluation of assets		..	..	..
Total income		**22,172**	**22,172**	**22,172**
EXPENSES				
Employee expenses		18,236	17,975	18,457
Supplies and services	1,2	3,866	4,127	3,673
Grants and subsidies		..	..	..
Depreciation and amortisation		48	48	20
Finance/borrowing costs		..	..	..
Other expenses		22	22	22
Losses on sale/revaluation of assets		..	..	..
Total expenses		**22,172**	**22,172**	**22,172**
OPERATING SURPLUS/(DEFICIT)		**..**	**..**	**..**

Balance sheet

Health Ombudsman	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CURRENT ASSETS				
Cash assets	3	733	1,016	1,017
Receivables	4	385	865	865
Other financial assets		..	..	..
Inventories		..	..	..
Other		188	261	261
Non-financial assets held for sale		..	..	..
Total current assets		**1,306**	**2,142**	**2,143**
NON-CURRENT ASSETS				
Receivables		..	..	..
Other financial assets		..	..	..
Property, plant and equipment		152	91	71
Intangibles		..	..	..
Other		23	12	12
Total non-current assets		**175**	**103**	**83**
TOTAL ASSETS		**1,481**	**2,245**	**2,226**
CURRENT LIABILITIES				
Payables		160	199	199
Accrued employee benefits		784	824	824
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		41	95	95
Total current liabilities		**985**	**1,118**	**1,118**
NON-CURRENT LIABILITIES				
Payables		..	..	..
Accrued employee benefits		..	..	..
Interest bearing liabilities and derivatives		..	..	..
Provisions		..	..	..
Other		120	27	27
Total non-current liabilities		**120**	**27**	**27**
TOTAL LIABILITIES		**1,105**	**1,145**	**1,145**
NET ASSETS/(LIABILITIES)		**376**	**1,100**	**1,081**
EQUITY				
TOTAL EQUITY		**376**	**1,100**	**1,081**

Cash flow statement

Health Ombudsman	Notes	2018-19 Budget $'000	2018-19 Est. Act. $'000	2019-20 Budget $'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Inflows:				
User charges and fees		(26)	(26)	(19)
Grants and other contributions		22,072	22,072	22,072
Interest and distribution from managed funds received		95	95	95
Taxes		..	..	..
Other		5	5	5
Outflows:				
Employee costs		(18,236)	(17,975)	(18,457)
Supplies and services		(3,866)	(4,127)	(3,673)
Grants and subsidies		..	..	..
Borrowing costs		..	..	..
Other		(22)	(22)	(22)
Net cash provided by or used in operating activities		**22**	**22**	**1**
CASH FLOWS FROM INVESTING ACTIVITIES				
Inflows:				
Sales of non-financial assets		..	..	..
Investments redeemed		..	..	..
Loans and advances redeemed		..	..	..
Outflows:				
Payments for non-financial assets		..	..	..
Payments for investments		..	..	..
Loans and advances made		..	..	..
Net cash provided by or used in investing activities		**..**	**..**	**..**
CASH FLOWS FROM FINANCING ACTIVITIES				
Inflows:				
Borrowings		..	..	..
Equity injections		..	..	..
Outflows:				
Borrowing redemptions		..	..	..
Finance lease payments		..	..	..
Equity withdrawals		..	..	..
Net cash provided by or used in financing activities		**..**	**..**	**..**
Net increase/(decrease) in cash held		**22**	**22**	**1**
Cash at the beginning of financial year		**711**	**994**	**1,016**
Cash transfers from restructure		..	..	..
Cash at the end of financial year		**733**	**1,016**	**1,017**

Explanation of variances in the financial statements

Income statement

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

1. The increase reflects higher than anticipated legal fees as a result of higher case loads.

Major variations between 2018-19 Estimated Actual and the 2019-20 Budget include:

2. The decrease reflects a reduction in lease payments for office accommodation.

Balance sheet

Major variations between 2018-19 Budget and 2018-19 Estimated Actual include:

3. The increase reflects the value of unsettled payables at the end of the financial year.
4. The increase reflects the anticipated timing of receipts.

Glossary of terms

Accrual accounting	Recognition of economic events and other financial transactions involving revenue, expenses, assets, liabilities and equity as they occur and reporting in financial statements in the period to which they relate, rather than when a flow of cash occurs.
Administered items	Assets, liabilities, revenues and expenses an entity administers, without discretion, on behalf of the Government.
Agency/entity	Used generically to refer to the various organisational units within Government that deliver services or otherwise service Government objectives. The term can include departments, commercialised business units, statutory bodies or other organisations established by Executive decision.
Appropriation	Funds issued by the Treasurer, under Parliamentary authority, to agencies during a financial year for: • delivery of agreed services • administered items • adjustment of the Government's equity in agencies, including acquiring of capital.
Balance sheet	A financial statement that reports the assets, liabilities and equity of an entity as at a particular date.
Capital	A term used to refer to an entity's stock of assets and the capital grants it makes to other agencies. Assets include property, plant and equipment, intangible items and inventories that an entity owns/controls and uses in the delivery of services.
Cash Flow Statement	A financial statement reporting the cash inflows and outflows for an entity's operating, investing and financing activities in a particular period.
Controlled Items	Assets, liabilities, revenues and expenses that are controlled by departments. These relate directly to the departmental operational objectives and arise at the discretion and direction of that department.
Depreciation	The periodic allocation of the cost of physical assets, representing the amount of the asset consumed during a specified time.
Equity	Equity is the residual interest in the assets of the entity after deduction of its liabilities. It usually comprises the entity's accumulated surpluses/losses, capital injections and any reserves.
Equity injection	An increase in the investment of the Government in a public sector agency.
Financial statements	Collective description of the Income Statement, the Balance Sheet and the Cash Flow Statement for an entity's controlled and administered activities.
Income statement	A financial statement highlighting the accounting surplus or deficit of an entity. It provides an indication of whether the entity has sufficient revenue to meet expenses in the current year, including non-cash costs such as depreciation.
Outcomes	Whole-of-government outcomes are intended to cover all dimensions of community wellbeing. They express the current needs and future aspirations of communities, within a social, economic and environment context.
Own-source revenue	Revenue that is generated by an agency, generally through the sale of goods and services, but it may also include some Commonwealth funding.
Priorities	Key policy areas that will be the focus of Government activity.
Services	The actions or activities (including policy development) of an agency which contribute to the achievement of the agency's objectives.
Service area	Related services grouped into a high level service area for communicating the broad types of services delivered by an agency.
Service standard	Define a level of performance that is expected to be achieved appropriate for the service area or service. Service standards are measures of efficiency or effectiveness.

Queensland
Government

Queensland Budget 2019–20

Service Delivery Statements

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